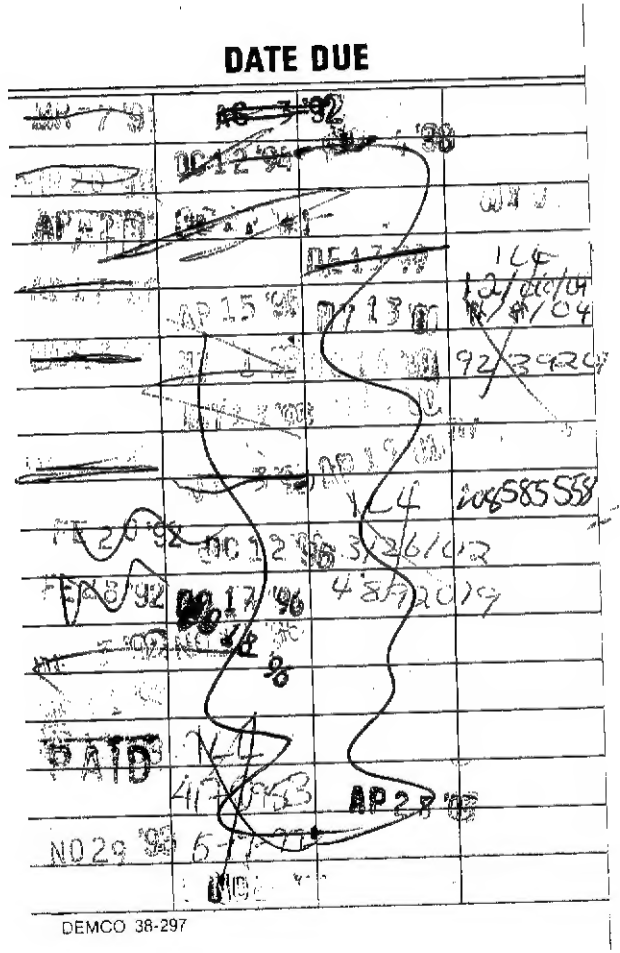
RC
516
K7



MANIC-DEPRESSIVE INSANITY

AND

PARANIOA

MANIC-DEPRESSIVE INSANITY

AND

PARANOIA

BY

PROFESSOR EMIL KRAEPELIN OF MUNICH

TRANSLATED BY

R. MARY BARCLAY, M.A., M.B.

From the Eighth German Edition of the "Text-Book of Psychiatry," vols. iii. and iv.

EDITED BY

GEORGE M. ROBERTSON, M.D., F.R.C.P. (EDIN.)

Professor of Psychiatry in the University of Edinburgh and Physician to the Royal Asylum, Morningside

PRINTED IN GREAT BRITAIN.

CHICAGO MEDICAL BOOK COMPANY

Medical Booksellers Publishers & Importers

1921

TRANSLATOR'S PREFACE

IN translating *Manic-Depressive Insanity and Paranoia*, I have, as in *Dementia Præcox and Paraphrenia*, tried to reproduce the original as literally as possible. Professor Robertson suggested that I should translate these two sections in order to complete the psychoses, and I am grateful to him for the suggestion, as Professor Kraepelin treats his subjects in such a way that, even although one may not always agree with him, one is bound to admit that he shows most exhaustively what can be done in the examination of patients, and in the classification of symptoms singly and in groups. I hope that the translation may lead to further detailed study of those diseases among English-speaking peoples.

I have again to express my thanks to Dr Walker for kindly reading the proofs.

R. MARY BARCLAY.

LONDON, *November 1920.*

CONTENTS

MANIC-DEPRESSIVE INSANITY

EDITOR'S PREFACE

The conception of Manic-Depressive Insanity as a definite form of mental disorder, various and antithetical though some of the symptoms appear to be in different attacks and even in different phases of the same attack, is one of Professor Kræpelin's most happy generalisations. Naturally, so startling a departure from older classifications was not at first accepted by all, though the way for recognition had been paved by the differentiation and description of Folie Circulaire by French alienists, but further experience and familiarity with the idea led to the almost universal admission of its truth. It is to Professor Kræpelin's credit that he also has developed his own views with increase of knowledge, for he now includes what is often called Involution Melancholia in this group, his failure to do so in his original statement having been regarded by many as a mistake.

Professor Kræpelin's account of Manic-Depressive Insanity, conjoined with that of Dementia Præcox, forms probably his greatest achievement in psychiatry. The last word, however, has not been said on the subject. Many important problems have yet to be solved. Professor Kræpelin, for example, apparently takes the physiological view that the essential feature of Mania is excitement and excitability, and of Depression or Melancholia, inhibition and depression of function. This leads to difficulty when Anxious or Excited Melancholia comes to be dealt with, which is avoided if the psychological view be adopted, that the symptoms in Mania are but morbid developments of the feelings of elation or anger, and in Melancholia of depression and despair, or of fear and anxiety, a species of caricature of these feelings as Maudsley has suggested. Kræpelin's group of mixed states of Mania and Depression, into which he places Anxious Melancholia, would be reserved under the above hypothesis for those cases

comparatively few in number, occurring usually after several attacks, and suffering probably from some degree of disintegration of function, in which the feelings get strangely mixed up, as well as the secondary or associated symptoms. This point is mentioned to give but one illustration of the suggestive and stimulating nature of Kræpelin's work.

The latter part of the book is devoted to an account of Paranoia, which title is employed in the narrowest sense and is restricted in application to those forms, which are very often described as " true " or non-hallucinatory Paranoia. The more numerous allied and hallucinatory forms are mainly grouped by Kræpelin under the title Paraphrenia, though some may be included under Paranoid Dementia Præcox, to which disorder its relationship is undoubtedly very close. Further, it may be added that as true Paranoia has also affinities to some varieties of Mania, all these forms of insanity seem to merge into one another at their so-called boundaries or limits, as do the colours of the spectrum, though the fully developed and typical forms are as distinct from one another and as recognisable as the primary colours.

The medical profession is under a debt of gratitude to Dr Mary Barclay for her faithful rendering into English of these classical studies. She has now completed the translation of Professor Kræpelin's careful descriptions of those forms of mental disorder which are commonly known as The Psychoses, namely, Dementia Præcox, Paraphrenia, Manic-Depressive Insanity, and Paranoia. These disorders form a definite group and provide the most effective illustrations of Professor Kræpelin's accurate methods of analysing and investigating mental disease. His orderly descriptions will be found of great value to the medical officers of our mental hospitals, and to all engaged in the study of clinical psychiatry, particularly to those reading for a Diploma in Psychological Medicine.

GEORGE M. ROBERTSON.

UNIVERSITY OF EDINBURGH,
December 1920.

PARANOIA

LIST OF ILLUSTRATIONS

SPECIMENS OF WRITING

Manic-Depressive Insanity

CHAPTER I.

DEFINITION.

MANIC-DEPRESSIVE insanity,[1] as it is to be described in this section, includes on the one hand the whole domain of so-called *periodic and circular insanity*, on the other hand *simple mania*, the greater part of the morbid states termed *melancholia* and also a not inconsiderable number of cases of *amentia*.[2] Lastly, we include here certain slight and slightest colourings of *mood*, some of them periodic, some of them continously morbid, which on the one hand are to be regarded as the rudiment of more severe disorders, on the other hand pass over without sharp boundary into the domain of *personal predisposition*. In the course of the years I have become more and more convinced that all the above-mentioned states only represent manifestations of a *single morbid process*. It is certainly possible that later a series of subordinate forms may be described, or even individual small groups again entirely separated off. But if this happens, then according

[1] Kirn, Die periodischen Psychosen, 1878; Mendel, Die Manie, eine Monographie, 1881; Pick, Circuläres Irresein, Eulenburgs Realenzyklopädie; Hoche, Über die leichteren Formen des periodischen Irreseins, 1897; Hecker, Zeitschr. f. praktische Ärzte, 1898, 1; Pilcz, Die periodischen Geistesstörungen, 1901; Thalbitzer, Den manio-depressive Psykose, Stemmingssindsygdom, 1902; Seiffer, Deutsche Klinik, 1904; Deny et Camus, La psychose maniaque-depressive, 1907; Antheaume, les psychoses périodique, 1907; Binet et Simon, L'Année psychologique, xvi., 164; Pierre-Kahn, La cyclothymie, 1909; Rémond et Voivenel, Annales médico-psychol., 1910, 2, 353; Thomsen, Medizinische Klinik, 1910, 45 und 46; Stransky, Das manisch-depressive Irresein, 1911 (Aschaffenburgs Handbuch); Homburger, Zeitschr. f. d. ges. Neurol. u. Psych., Refer. II., 9-10 (Literatur).

[2] Confusional or delirious insanity.

to my view those symptoms will most certainly not be authoritative, which hitherto have usually been placed in the foreground.

What has brought me to this position is first the experience that notwithstanding manifold external differences certain *common fundamental features* yet recur in all the morbid states mentioned. Along with changing symptoms, which may appear temporarily or may be completely absent, we meet in all forms of manic-depressive insanity a quite definite, narrow group of disorders, though certainly of very varied character and composition. Without any one of them being absolutely characteristic of the malady, still in association they impress a uniform stamp on all the multiform clinical states. If one is conversant with them, one will in the great majority of cases be able to conclude in regard to any one of them that it belongs to the large group of forms of manic-depressive insanity by the peculiarity of the condition, and thus to gain a series of fixed points for the special clinical and prognostic significance of the case. Even a small part of the course of the disease usually enables us to arrive at this decision, just as in paralysis or dementia præcox the general psychic change often enough makes possible the diagnosis of the fundamental malady in its most different phases.

Of perhaps still greater significance than the classification of states by definite fundamental disorders is the experience that all the morbid forms brought together here as a clinical entity, *not only pass over the one into the other without recognisable boundaries, but that they may even replace each other in one and the same case.* On the one side, as will be later discussed more in detail, it is fundamentally and practically quite impossible to keep apart in any consistent way simple, periodic and circular cases; everywhere there are gradual transitions. But on the other side we see in the same patient not only mania and melancholia, but also states of the most profound confusion and perplexity, also well developed delusions, and lastly, the slightest fluctuations of mood alternating with each other. Moreover, permanent, one-sided colourings of mood very commonly form the background on which fully developed circumscribed attacks of manic-depressive insanity develop.

A further common bond which embraces all the morbid types brought together here and makes the keeping of them apart practically almost meaningless, is their *uniform prognosis.* There are indeed slight and severe attacks which may be of long or short duration, but they alternate irregularly in the same case. This difference is therefore of no use for the delimitation of different diseases. A grouping according to the frequency of the attacks might much rather be considered, which naturally would be extremely welcome to the physician. It appears, however, that here also we have not to do with fundamental differences, since in spite of certain general rules it has not been possible to separate out definite types from this point of view. On the contrary the universal experience is striking, that the attacks of manic-depressive insanity within the delimitation attempted here never lead to profound dementia, not even when they continue throughout life almost without interruption. Usually all morbid manifestations completely disappear; but where that is exceptionally not the case, only a rather slight, peculiar psychic weakness develops, which is just as common to the types here taken together as it is different from dementias in diseases of other kinds.

As a last support for the view here represented of the unity of manic-depressive insanity the circumstance may be adduced, that the various forms which it comprehends may also apparently mutually replace one another in *heredity.* In members of the same family we frequently enough find side by side pronounced periodic or circular cases, occasionally isolated states of ill temper or confusion, lastly very slight, regular fluctuations of mood or permanent conspicuous colouration of disposition. From whatever point of view accordingly the manic-depressive morbid forms may be regarded, from that of ætiology or of clinical phenomena, the course or the issue—it is evident everywhere that here points of agreement exist, which make it possible to regard our domain as a unity and to delimit it from all the other morbid types hitherto discussed. Further experience must show whether and in what directions in this extensive domain smaller sub-groups can be separated from one another.

In the first place the difference of the states which usually make up the disease, presents itself as the most favourable ground of classification. As a rule the disease runs its course in isolated attacks more or less sharply defined from each other or from health, which are either like or unlike, or even very frequently are perfect antithesis. Accordingly we distinguish first of all *manic states* with the essential morbid symptoms of flight of ideas, exalted mood, and pressure of

activity, and *melancholia or depressive states* with sad or anxious moodiness and also sluggishness of thought and action. These two opposed phases of the clinical state have given the disease its name. But besides them we observe also clinical "*mixed forms*," in which the phenomena of mania and melancholia are combined with each other, so that states arise, which indeed are composed of the same morbid symptoms as these, but cannot without coercion be classified either with the one or with the other.

CHAPTER II.

PSYCHIC SYMPTOMS.

BEFORE we proceed, however, to the description of the manifold states which make up the whole clinical course, it will be convenient to obtain a general view of the individual psychic disorders peculiar to manic-depressive insanity.

The **Perception** of external impressions is in *mania* invariably encroached upon, sometimes even very considerably. Only in very slight forms of the malady do we find values which correspond perhaps to the lower values of normal individuals, but which are decidedly below the average.

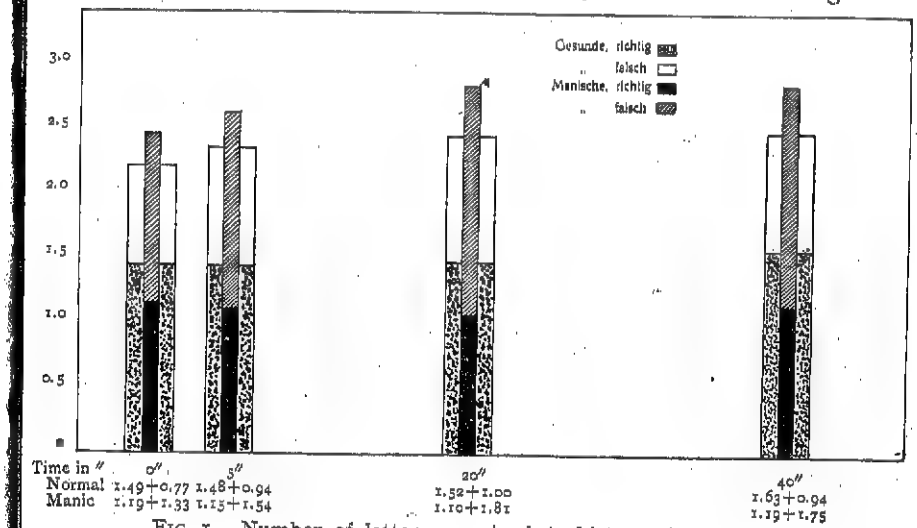


FIG. 1.—Number of letters perceived tachistoscopically and remembered by normal and manic individuals.

Paton, in experiments on sensation in manic patients, obtained strikingly poor results. Wolfskehl, who investigated tachistoscopic perception of series of letters, found that the patients yielded on the average about one quarter fewer correct results than the normal controls. The comparatively large number of mistakes made was noticeable, which, however, was not nearly so large as in dementia præcox, but yet was larger than in normal individuals. This ratio is represented by the first vertical of Fig. 1, in which the correct

and the wrong results of normal individuals and of manic patients are compared. The patients apparently perceive carelessly and inaccurately; but on the other hand isolated experiences lead to the belief that their pressure of speech readily tempts them to make statements when they have really seen nothing. Frequently the severity of the disorder of perception is in remarkable contrast to the insignificance of the clinical manifestations.

Extraordinary **Distractibility of Attention** certainly plays an essential part in defective perception. The patients gradually lose the capacity for the choice and arrangement of impressions; each striking sense-stimulus obtrudes itself on them with a certain force, so that they usually attend to it at once. Accordingly, if their attention can for the most part be quickly attracted by the exhibition of objects or by the calling out of words, yet it digresses again with uncommon ease to any fresh stimulus. The picture of their surroundings and of events remains, therefore, for them more disconnected and more incomplete than it would be, if it suffered merely from encroachment on the process of perception.

Perception frequently appears to be less severely disordered in *depressive states*; the tendency to mistaken readings especially is in general absent. Franz and Hamilton found in inhibited patients that the threshold values were raised for touch, pressure, and pain stimuli. Further, in severe cases, according to the often very characteristic utterances of the patients, a slowing and sluggishness of recognition is apparently invariably found, which is caused by defective reaction to external impressions in consciousness. In the process of perception those memory pictures do not appear rapidly or in any number, which make it possible for us to connect at once what is perceived with former experiences, and to place it without difficulty in the familiar circle of ideas. Through this the patients become more or less incapable of working up their experiences mentally or of understanding them. They often declare that in spite of every effort they are not able to understand the meaning of what they read or to follow an explanation. "Like a mist it lies over everything," complained a patient, and another said he was "no longer so capable of noticing anything" as formerly. In the most severe grades of the disorder, in states of stupor, the patients may regard the external world with a complete lack of understanding, even

when individual sense perceptions are fairly well appreciated.

The fact must also be taken into consideration that as a rule *facility* of attention is distinctly disordered. The patients are not able to turn their attention easily and quickly to any impressions or ideas. They are not able either to pay attention, or to turn away of themselves from ideas which emerge in their own minds or which are suggested to them from without. This lack of freedom of attention certainly displays innumerable gradations.

Consciousness is in the severe forms of the malady invariably somewhat clouded. At the height of excitement impressions and ideas become dim and indistinct. In consequence accuracy of *orientation* suffers. The patients do not know properly where they are. Everything is enchanted, "not right"; they are in the "freemason house," in the "resurrection house," underground, in purgatory, in heaven, "quite away from the world." They mistake people, think that the nurses are spirits, the physician the devil. A female patient takes the patient in the next bed for the Virgin Mary, a former sweetheart of her husband, for her husband himself. They greet physicians and fellow-patients by the names of relatives or acquaintances. These mistakes are sometimes connected with remote resemblances; in other cases they appear to be more an amusing game in which the patient takes pleasure, partially conscious of the arbitrariness of the designations. That occurs especially at the decline of excitement, when the wrong designations are still adhered to, while from the other conduct and occasional utterances of the patient it is evident that he is quite clear about his place of residence and the people round him. In states of depression also we encounter more or less deep clouding of consciousness up to almost complete oblivion. Here and there a peculiarly dreamy stupor develops, in which the patient experiences the most extraordinary and confused delirious adventures.

Memory is not permanently encroached upon by the disease, but the patients frequently lose for a time the mastery over their range of ideas. Especially in states of depression they are often incapable of recollecting, and are sometimes not able to call to mind the simplest things. They have to consider for a long time before they can work an arithmetical exercise or narrate an experience. They are occasionally unable to name the year of their birth or to give the names of their children. They become entangled in

obvious contradictions, which, however, are often corrected after a quite short interval.

Retention in manic patients is, according to Wolfskehl's investigations, disordered in a similar way to perception. This is represented in Fig. 1, in which the values are given for the retention of letters in normal individuals, and in patients, after periods of 5, 20, and 40 seconds. It is seen that the number of correct results in patients is invariably smaller, and on the other hand the number of mistakes considerably greater than in normal individuals, especially after the longer intervals. Erroneous processes are obviously developed which cause falsification of the memory pictures. As investigation of the mistakes shows, divergence to linguistic associations plays a certain part here. The fact is also perhaps not unimportant, that the average values of the manic patients in the shorter periods show much more clearly than those of normal individuals a diminution of correct values (from 1.19 to 1.10), a behaviour which in individual patients is still much more in evidence. Certain experiences give ground for the belief that this is a sign of greater fluctuation of attention.

Distinct **Pseudo-memories** are not infrequently met with in the patients, especially in mania; they correspond to the results of the experiments. Occasionally they show in a pronounced manner a tendency to delusional fabulation, to descriptions of wonderful experiences out of the past, which the patients more or less seriously believe. Memory of the period of disease itself is usually somewhat indistinct, especially after severe manic excitement or after states of stupor. Experiences from childhood are often constantly and in good faith represented essentially otherwise than they actually occurred, a circumstance which prevents the patients even on recovery from taking up the right attitude towards their own conduct and towards their surroundings.

Isolated **Hallucinations** are observed frequently and in the most different states, although they do not very often appear conspicuously in the foreground. It is generally a case of illusionary occurrences, the appearance of which is favoured by the incompleteness and slightness of perception, but especially by the lively emotions peculiar to the disease. The substance of the illusions therefore is invariably in close connection with the trains of thought and the moods of the patients. Their surroundings appear changed to them; faces are double, dark; their own faces look black in the

mirror; they see a blaze of light, white fumes, "opium-morphia-chloroform vapour," flickering, the shadow of a man at the window, a figure in the corner. People are changed; they look like "phantoms"; their children appear exchanged; the physician is "only a sort of image" or the devil. The chairs are moving; the pictures make signs with their eyes; a piece of brown paper is changed into the skull of a princess.

The patient hears a murmuring and a whispering, a roaring, the crackling of hell; he hears someone coming up the steps, going to the "larder," "the devil carrying on in the walls," death gnashing his teeth in the wall, noises "as if a corpse were being thrown out at the window," an uproar in the stove as if a man wanted to get into it. There are noises in his head; it sounds like tolling of bells and the murmur of the ocean, like cries for help, shooting, the death rattle and groaning, screaming and howling, weeping, entreating and lamenting, clamouring and cursing. "In all the noises there is something," said a patient in very significant tones. Spirits buzz about each other; others snarl something which has some connection with the patient. Occasionally the illusions are related to definite impressions. The birds call out the name of the patient; they whistle, "Come, Emily." The clock says, "You dog, you're still here, you've brought your father into the madhouse, you're the devil, a swine." The rhythmic vascular murmur in the ear becomes a reproach, "bad, bad," or "whore, whore," which then is ascribed to the devil.

Besides these illusions which clearly betray the influence of emotions, real hallucinations also appear often enough. At night disguised figures come into the room. The patient sees an open grave, his dead wife, the apostle Paul with good angels, the Saviour on the cross, the Virgin Mary, Jesus with roses, the eye of God, the devil. He sees corpses, skeletons, "sad spirits," monsters, the heads of his children on the wall, fiery rings which signify his sins. In the daytime also caricatures appear before him, coloured figures, and faces like the one in Fig. 2, which was drawn by a female patient. They grin at him out of the book which he wishes to read, from the bedclothes, from the wall; they look in at the window. Worms swarm in the food, and small heads which have been cut off. A patient saw a nail with a noose, which was a summons to hang himself.

Through wall and window sound warning voices, cries,

the devil's laugh, the weeping of the dead mother, the screaming of children, the song of angels. (The content of the hallucinations of hearing is usually unpleasant and alarming.) All possible sins are brought before the patient as if he were a criminal; he is enticed to suicide. "Do something to yourself," "Hang yourself," "If he would only hang himself, otherwise we must keep him for ten years yet," "You dog of a parson, Prussian dog, thief and murderer," are among the things called out, also "masturbator," "poisoner, wild swine," "swine," "you skunk, camel," "frightful creature," "Cinderella, cattle," "base female,"

FIG. 2.—Caricature seen in hallucination.

"O, how she stinks!" "You must die like a beast," "You must go along," "Do away with him!" the voices threaten, "You're going to hell," "Get out of this, you've no right here; God does not die," "Now someone's coming for you," "He's running up there, he'll never get away," "We'll drive her out and make the maid the mistress," "She daren't go away now; she'll be cut," "We'll put something into him and then he'll sleep and no mistake." (Much more rarely pleasant things are announced by the voices.) A female patient heard singing which made known to her that she was the Virgin Mary; another heard that her son had gained millions. A male patient heard "sacred things of God."

(Auditory hallucinations frequently appear only in the night-time, or at least much more then.) They seem, as a rule, not to possess complete sensory distinctness.) They are voices "as in a dream," "from the underworld," "voices in the air, which come from God," more rarely gramophone or telephone voices, wireless telegraphy. Their origin is relatively seldom referred to the external world. The bed speaks; God speaks; the dead sister is calling; the voice of Jesus is heard; a white violet says, "It is the will of God"; the dead father declares, "I am behind you, I am speaking." (Much more frequently the hallucinations have their seat in the patient's own body.) There is speaking in his stomach, in his left ear; words are whispered inside him. The devil speaks out of the heart of the patient; he swears in him; the patient hears him "inwardly, not with his ears." "An inward voice from the heart says filthy things about God," said a female patient. Another heard "voices coming from within, which lament." "There is talking in my head along with my thoughts," declared a third.

(The voices generally stand in the most intimate relation to the remaining content of consciousness.) The patients declare that they are questioned; their thoughts are repeated loud out after two or three minutes. Others carry on conversations with their voices. A female patient said that she heard talking in her body, to which there were answers, "more as if thought"; another stated that people said what she herself had already said. (Now and then commanding voices are heard, for the most part in the sense of self-destruction,) as mentioned above.

As the illusions do not usually reach the degree of importunate sensory distinctness which they do in, for example, alcoholic insanity or in dementia præcox, the patients are generally unable to give the words of longer sentences, but only the substance. Nevertheless a female patient wrote that she had heard how her neighbour said, "Her blood is being decomposed, and all nourishment goes to her flesh, and then her face will be swollen like a pig's, and her eyes will quite disappear," whereupon another replied, "But that can't come of itself—she must have been a dreadfully bad girl—and think of the number of young people, who were always in and out of the house," It is, however, very doubtful to me after former experiences whether such utterances, which in this case reproduced the constant self-tormenting of the patient, are really heard word for word.

Compared to illusions of sight and hearing, those of other senses are quite insignificant. There is a strong smell in the house; the exhalation from the patient's body has a frightful stink; his food tastes mawkish or putrid, like human flesh or privy manure. The bed is moving; electric currents pass through it. On the other hand dysæsthesiæ appear in great number and variety, and they sometimes dominate the whole state. (Extraordinarily frequent are headaches, attacks of migraine, dull oppression), the feeling of a band round the forehead, of a heavy helmet, of a lead plate. In the rest of the body also pains of all sorts are felt. Schröder observed them in 62% of his cases. The tongue is sensitive; the back aches as if it had gone to pieces, pains shoot from the urethra to the larynx; there is raging and burning in the body. In one of my patients the disease began with such violent lumbago, that when all other remedies failed, the coccyx was amputated as an attempt to procure alleviation. There are also sensations of crawling, pulling, beating in the head, dragging in the legs, crackling in the bowels, pangs and "shameful feelings" in the abdomen)

As an illustration I quote the following fragment from the description which a female patient gave of herself. She thought that she had brought a serious disease (syphilis) on herself by onanism.

"Six months ago the patient was awakened by two violent blows on the body; at the same time violent beating in body, heart, backbone, and the back of her head, trembling in hands and feet, in which the veins were greatly swollen. Leaden pallor of her face; flatulence. After a few weeks the veins went down, and on her hands and especially on the joints, pricks as of a thousand needle-pricks. The skin on her hands became shrivelled and leathery, especially in her bath as if it could be pulled off. When it was pricked or cut, scarcely any blood appeared, sometimes a whitish fluid. Violent burning in her eyelids, lips, tongue and palate, thereafter spots and holes in her skin, as if made with a red-hot point. Small, red spots as in old people. Then a trickling in her whole body as if the vital fluid were curdling, and in her joints like red-hot lead. Whites. Irregular period, which was for long absent, and when it came back, the blood was thinner than formerly as if the blood had no sticky substance in it. At first a great flow of urine, then very slight and a motion only after an enema. Later a strong smell of urine and fæces, and her feet which were mostly cold and shrivelled, as if dead, perspired at times copiously with the same smell. The pulsation of the blood and the great beating decreased, but finally a crackling in her head, as if something were drying up, was specially alarming; in her ears ticking as of a watch, so that lying on the pillow became a torment. The trembling of her hands and arms increased very much. Great emaciation of the abdomen, a falling in of the thorax. When she lay down, her body hot as lead. Decrease of eyesight. Flesh withered. Her skin peels off in small flakes. Sometimes a slight smell of burning in the skin. Her blood is so hot, as if it were boiling away. For some time patient has increased in body-weight—but apparently everything goes to flesh and nothing to blood, for the veins continue to disappear. At her elbows her flesh is painful, as if it were coming away from the bone. The pulse at her wrist is becoming harder. A feeling at her temples as if a hot hand were laid on them. Increasing indifference. In her skin no activity. When her hands perspire, small secretions like splinters of glass are seen, and so on."

(One sees here that it is largely a case of simple hyperæsthesia, but also of delusional interpretation of harmless sensations) That becomes very clear when the patients say that they feel their food going straight into their blood-vessels, their mucous membranes and glands corroded, their nerves loosened, fat, marrow, and albumen lacking in their blood, the inward working of their bodies, white worms drawing everything out of their bodies and creeping about between their different skins.

(This heightened sensibility for the processes in their own bodies is in vivid contrast with the lowering of central excitability in manic states. We observe here a very striking lack of sensibility towards heat and cold, hunger and thirst, pain and injury) The patients expose themselves for hours at a time to the most burning sunshine, take off their clothes in a winter temperature, forget to eat and drink, regardlessly tear off the bandages from their sores, and ill-treat diseased parts of their body or their fractured limbs without giving any sign of discomfort. Nor do fears for health and life, fully justified by the circumstances, appear in them, or they are without hesitation treated as of no consequence.

(The **Train of Ideas** of our patients invariably exhibits very important and well marked disorders. In states of excitement they are not able to follow systematically a definite train of thought, but they continually jump from one series of ideas to a wholly different one and then let this one drop again immediately.) Any question directed to them is at first perhaps answered quite correctly, but with that are associated a great many side remarks which have only a very loose connection, or soon none at all, with the original subject. In consequence of these continuous interpolations and incidental remarks the patients are quite incapable of narrating any fairly complicated event, unless they are always brought back anew to the subject by constant interruptions and questions. The train of ideas is accordingly no longer dominated, as in normal people, by a general idea, which at the time admits only *one* definite direction of thought-association and inhibits all secondary and chance ideas. Therefore, at every moment the ideas favoured by general

habits of thought gain the upper hand, and not those required by the whole connection. It thus comes to digression from one idea to others similar or frequently associated with it, without regard to the goal of the original train of thought. The coherence of thinking relaxes more and more; there arises that disorder which we have come to know as *confusion with flight of ideas*.

The Flight of Ideas often becomes very distinctly noticeable to the patient's own perceptions. They complain that they cannot concentrate or gather their thoughts together. The thoughts come of themselves, obtrude themselves, impose upon the patients. "I can't grasp all the thoughts which obtrude themselves," said a patient. "It it is so stormy in my head," declared another, "everything goes pell-mell." "My thoughts are all tattered," "I am not master over my thoughts," "One thought chases the other; they just vanish like that,"—these are further utterances, which give us a glimpse into these processes.

In *depressed* patients also flight of ideas occurs not altogether infrequently, though certainly without being very recognizable in the scanty speech of the taciturn patients; sometimes it appears distinctly in copious written utterances. The patients complain that they "have so many thoughts in their head," that they cannot pray, cannot work, because other thoughts, "interpolations," come between, that they have "no settled thoughts," that they have to think of everything possible. Even an immediate change between flight of ideas and inhibition of thought, which is to be discussed later, appears to occur often. "My thoughts stand still," complained a female patient; "then they come again of themselves and run where they will."

As the flight of ideas only represents a partial phenomenon of the heightened distractibility, we generally observe that patients with flight of ideas, so far as they are at all accessible to external impressions, can be caused by these to let their train of thought take a new turn which is then reflected in their talk. An object, on which their eyes fall, anything written, a chance noise, a word, which sounds in their ears, is immediately woven into their talk and may call forth a series of similar ideas which often are only associated by habits of speech or are related by sound. The capacity to observe and to perceive is by no means raised thereby. Rather do the patients perceive as a rule only very superficially and inaccurately, and they do not take themselves

up specially with what goes on around them. But when they notice anything, their train of thought is immediately influenced by it and generally also their flow of talk; they express their perception in words and let themselves be aimlessly driven along by the impulse given by it.

Association Experiments have yielded very important conclusions about the train of thought of patients with flight of ideas. These experiments have been carried out principally by Aschaffenburg and Isserlin.[1] The former was able to demonstrate that the association reaction times in manic patients are by no means accelerated, but often even definitely retarded, contrary to the idea which originally was the fundamental signification of the expression "flight of ideas." To this the experience corresponds, that well-marked flight of ideas is observed not altogether infrequently even in quite slow talk. Franz also arrived at the same result. Isserlin has specially investigated the duration of ideas in manic patients. He found that their associations show heightened distractibility in the tendency to "diffusiveness," to spinning out the circle of ideas stimulated and jumping off to others, a phenomenon which in high degree is peculiar to mania. Kilian and Gutmann emphasize further the frequent repetition of the stimulus word. Isserlin was able to ascertain also with help of continuous associations that a change of direction of the train of thought took place in normal individuals about every 5 or 6 seconds, in a female manic patient on the other hand even after 1.6 or 1.7 seconds. The duration of an isolated idea in consciousness could be reckoned on the basis of phonographic records for the patient mentioned at about 1 second, while for two normal people it fluctuated between 1.2 and 1.4 seconds. The essential characteristic of the manic train of thought is therefore above everything the *fleetingness* of isolated ideas; they do not persist in consciousness but vanish very quickly, when thay have scarcely reached development. "My thoughts are so rapid that I cannot hold them fast at all," said a patient.

Inhibition of Thought appears to form the exact opposite to flight of ideas. It is observed, more or less strongly marked, almost everywhere in depression, further in certain manic-stuperous mixed states and in forms of manic excitement related to these. The patients exhibit an incapacity, often very painfully felt by themselves, to order

[1] Isserlin, Monatsschr. f. Psych. u. Neurol., xxii., 302.

their own ideas aright. As it appears, isolated ideas develop slowly and only in response to very powerful stimuli. In consequence of this an impression does not of itself awaken rapidly and easily a great many associations, among which only a choice has to be made. Association, therefore, occurs mostly according to the content of the ideas, not according to external, linguistic or sound relations. Generally nothing at all occurs to the patients at first, and the train of thought must be laboriously spun out by a special effort of volition. Thus arises a great dulness and retardation of thought, thoughtlessness in answering simple questions, lack of understanding and poverty of ideas. "I cannot think any longer, I cannot imagine anything any more, cannot reflect any more, my head is empty," the patients complain, "my mental capacities are going back, I am as if mentally dead," "I am as in a dream, apathetic, and I don't know anything." Sometimes another complaint is associated with these, that their ideas are colourless and faded, the patients feel themselves incapable of recalling any impression, or occurrence, landscape, painting, or the appearance of their dear ones. They know quite well how the things look, and can even describe them, but the sensuously coloured memory picture is lacking in them.

Such patients produce only a conspicuously meagre number of ideas, even when apparently they are not at all hindered from expressing their thoughts. They are then generally considered very weak-minded, while the further course shows distinctly that here it was only a case of thought having become difficult, not of an annihilation of the store of ideas.

On the other hand the ideas once developed are not ousted by the emergence of fresh series of thoughts, but they fade slowly and often persist with great tenacity, especially when they are firmly rooted in temperament. The consequence then of this is an extraordinary *uniformity* of ideational content. The patients ever again bring forward the same thoughts, do not let themselves be turned aside to other domains, return after every intervening question immediately to the old complaints. "I have to rack my brains for hours about everyday reproaches and things," declared a patient. Now and then the ideas, which ever anew force themselves on the patients against their will, acquire completely the stamp of obsessions. The patients are tormented against their better knowledge by the constant fear that they have

killed someone, pushed some one into the water, trodden under foot the host, swallowed a needle, driven a splinter into their foot, soiled the water-closet.

Association Experiment gives a wholly different picture in *depressive* patients from what it does in manic patients. A good idea of this relation is given by the following table taken from the work of Isserlin. It compares two association experiments on a patient, who at the time of the first one on April 25th was in a manic state, at the time of the second on September 8th was suffering from depression :—

	Internal Association. Per cent.	External Association. Per cent.	Digression. Per cent.	Clang Reaction. Per cent.	Repetition of Stimulus Word. Per cent.	Median. Sec.	Middle Zone. Sec.
April 25 .	18	81.5	56	22.3	43	1.0	0.2
Sept 8 .	81	17	—	1.9	—	5	6

The duration of the association time has risen fivefold in depression, and the "middle zone," which cuts out the middle half of the values gained, thus giving a good idea of the scatter of the numbers, also shows a considerable increase; the association times have not only become longer, but also much more unequal. The relation between internal and external associations has been completely reversed; whereas in mania the associations according to external relations, especially after linguistic practice, are greatly in excess, they decrease greatly in the depressed patients in favour of associations dependent on content. As a further expression of this displacement the almost complete disappearance of pure clang associations may be taken, which play such a large part in mania. In the same way digression which is so characteristic of the distractibility of manic patients is completely absent in depression, and lastly also the repetition of the stimulus word, which is frequent in manic patients and is probably caused mostly by inattention.

Mental Efficiency is invariably lowered in *mania*, with the possible exception that in the very slightest cases of manic excitement, the volitional excitement which accompanies the disease may under certain circumstances set free powers which otherwise are constrained by all kinds of inhibition. Artistic activity namely may by the untroubled surrender to momentary fancies or moods, and especially poetical activity by the facilitation of linguistic expression, experience a certain furtherance. This favourable effect is usually particularly conspicuous in comparison with the inhibitions of the depressed periods. In all the more pronounced forms of

manic excitement, however, the unfavourable influence of heightened distractibility and of unsteadiness of volition is predominant. It is moreover easy to convince oneself that the patients in their desultory trains of thought are by no means rich in ideas but only rich in words; often enough it comes to very monotonous repetitions. The occasional jokes of such patients are almost always simple plays on words, just as they are called forth by the tendency to clang associations. We find them as we find the tendency to speak in foreign languages, and a series of similar features in acute alcoholism, in which the paralysis of intellectual activity can be demonstrated with complete certainty. In spite of this and in contrast with the results of measurement we frequently meet with the self-deception of heightened mental efficiency. There is just as little evidence for it as there is for the idea of special mental freshness and health which arises from the manic feeling of well-being.

In contrast to that, the feeling of mental inhibition in states of *depression* is often greater than the actual lowering of efficiency, probably because the inhibition of thought can be overcome up to a certain degree by volitional effort, but just by that it becomes especially distinct to consciousness. The patients complain that they feel themselves "as if under a ban," as if fettered, that their thoughts are paralysed, that they now need hours for the simplest mental activity, as for example writing a letter, which formerly they could accomplish in a few minutes.

In order to ascertain more accurately the value of the mental efficiency, I have repeatedly had arithmetical experiments carried out with manic-depressive patients according to the procedure usual in fatigue measurements. Rehm investigated, one after the other, twenty-four normal individuals and thirty-four patients in the most varied states. He found that the work of the patients remained on an average about one-third behind that of the normal individuals. In manic patients the results were in general better than in depressed patients. The patients whose efficiency was most encroached on were those who exhibited clinically distinct inhibitions, and also depressed patients with excitement. The progress owing to daily practice was on the average less than in the normal individuals, once even negative, but a few times it exceeded the highest values of normal individuals. These experiences point to the fact that here probably, sometimes in the course, sometimes in the beginning of the experiment,

inhibitions have lowered efficiency to an unusual degree. In the same sense the observation has to be interpreted that the recovery effect of a pause interpolated in the work remained in almost half of the patients behind the lowest values of the normal individuals, and in more than one-third of the cases was even negative, a result that might never occur among normal individuals. Here, even in the pause, inhibitions must have been developed, which in certain circumstances prevailed over the recovery effects.

The experiments carried out by Hutt on eight manic and seventeen depressive patients also gave in general as result a lowering of arithmetical efficiency, which, however, in the former was only very trifling, so far as the difference in education at all allows a comparison to be made with the normal individuals investigated. Improvement due to daily practice remained behind that of normal individuals and in one case was negative. Likewise in several cases negative values were recorded for the recovery effect of the pause; the unfavourable effect on the output of the interruption due to the pause was throughout greater than in the normal individuals. Lastly, the experience is very noteworthy that in some cases, wholly contrary to the behaviour of normal individuals, an increase of output in continuous work without a pause was connected with the lowering of output after the pause, a circumstance which can only be related to a removal of influences inhibiting work by continuous work, this removal of influences being stronger than the effects of fatigue. It appears, accordingly, what moreover completely corresponds to clinical experience, that in our patients the hindrance to work may be weakened with comparative rapidity by effort and stimulus, while on the other hand after cessation of activity it soon returns and in certain circumstances to a greater extent.

Delusions are in manic-depressive insanity very frequent, especially in states of depression. Their simplest forms are connected with the feeling of mental inefficiency, and exhibit a *hypochondriacal* content. The patient has the idea that he is incurably ill, hopelessly lost. He suffers from cancer, syphilis, softening of the brain, is becoming demented, is having an attack of apoplexy, is ill in his body and soul, a desperate case; his future will be a slow and tedious death. His body has taken on a quite different form; his nerves are dried up, his organs withered; his brain is obstructed with mucus, everything internal is dead, his voice is like tin; the

blood does not circulate in his brain any longer; his penis does not recover itself again. Occasionally these ideas acquire a very extraordinary content, so that one is reminded of the delusions of paralytics. His brain is only pulp, his head the size of a finger joint; his lungs and stomach are gone, his genitals are shrivelled; his palate is withered, his gullet is done for; in his body everything is sewn up and entangled; there is a bone in his throat.

Ideas of Sin are almost more frequent. He reflects on his past life, finds that he has not fulfilled his duties, has committed many sins, has been disloyal to his Saviour. He was not grateful enough to his parents, has not taken good care of his children, has treated them badly, has not sent for the doctor immediately when there was illness, has not looked after them well enough. He has not discharged bills punctually, has committed lese-majesty, has neglected religion, has been dishonest about taxes, has masturbated, has committed adultery, has confessed and communicated unworthily; he has been "frivolous in every relation," "a thoroughgoing rascal." Even these ideas may become more and more remote not only from reality, but also from possibility. The patient has committed perjury, offended a highly placed personage without knowing it, carried on incest, set his house on fire, killed his brothers and sisters. He has poisoned a prince, is a fivefold murderer, is to blame for every misfortune, is a damned soul, the refuse of humanity.

Ideas of Persecution are somewhat rarer; they are frequently connected with the delusion of sin. The patient sees that he is surrounded by spies, is being followed by detectives, has fallen into the hands of the secret court of justice, of an avenging Nemesis, is going into the convict prison, is to be slaughtered, executed, burned, nailed to the cross; all his teeth are being drawn out, his eyes dug out; he is inoculated with syphilis; he must putrefy, die in a filthy manner. He is despised by his neighbours, mocked, is no longer greeted; they spit in front of him. There are allusions in the newspapers; the sermon is aimed at him; his sins are publicly made known on large placards. Burglars, anarchists, force their way into his house; people are hidden in the cupboards. The patient notices that there is poison in the coffee, in the water for washing, feels himself hypnotized, magnetized; people try to lead him astray by putting money in his way; there is a conspiracy against him. His relatives also become involved. His family must die of

hunger; his mother is being dismembered, his brother beheaded; the husband of a female patient is being arrested.

The domain of religion usually plays a considerable part here. The patient thinks that he is spied on in the confessional; he is shut out of the church, is excommunicated, has lost eternal salvation, must do penance for everyone, take the sins of the whole world upon himself. Satan has power over him, is hiding inside him, will command him to swear, will take him away because he is no longer worth anything. God Almighty does not like him any longer; his prayer has no longer power; hell-fire is already burning under the bed.

Ideas of Greatness.—While all these delusions usually go along with profound emotional agitation and are brought forward and defended by the patient with the greatest conviction, the ideas of greatness, which not infrequently accompany the manic state, often bear more the stamp of half jocular swaggering and boastful exaggeration, which also in contrast to the depressive ideas for the most part uniformly adhered to, change frequently, emerge as creations of the moment and again disappear. In more sensible patients, however, delusions may be observed which are psychically finer spun and which persist more obstinately. To the first group belong the assertions of the patients that they are Messiah, the pearl of the world, the Christchild, the bride of Christ, Queen of Heaven, Emperor of Russia, Almighty God, that they have ten thousand children. Others allege that the Czar is their fiancée; they have been overshadowed by the Holy Ghost, have annihilated the devil, can cure all patients by hypnosis. The ideas are less nonsensical, that they are a great artist or author, a baron, "physician by birth," honorary doctor of all the sciences, a knight of high orders, illegitimate son of a prince, that they have a higher mission, speak seven languages, can hold up two hundredweight. A patient described himself as "a man of action, immediately after Nietzsche." Large inheritances also usually play a part. A patient who fancied that he was of aristocratic origin, alleged that his share of the inheritance would shortly be paid; another represented himself as the son-in-law of Rockefeller, and boasted of the dowry of a hundred million which he had in prospect.

Insight.—A clear understanding of the morbidity of the state is, as a rule, present only in the slightest states of depression; nevertheless here also it readily takes on a hypo-

chondriacal colouring with the idea of the hopelessness of the malady. Very commonly it is asserted that the disease is a greater torture than any other, that the patient would far, far rather endure any bodily pain than disorder of the mind. When the delusions are more pronounced, consciousness of the illness is generally lost, even when former and similar attacks are regarded correctly. At most once in a while the patients reply to the representations of the physician, that they would be glad if he were right ; unfortunately everything is only too true of their torments. A female patient begged to be allowed to make her will, as the fear was forced upon her that on the next day she would be completely confused. In manic states the patients mostly reject with emphasis the suggestion of mental disease. " Whoever thinks that I am mad, is himself mad," said a patient. At most they allow that they have been rather excited, " a little bit jolly." Afterwards they occasionally even make fun of the ideas to which they had given utterance ; it was " a little bit of delirium," " of course megalomania." A female patient said on her morbid behaviour being pointed out to her, " Doctor, you too sometimes do nonsensical things."

Mood is mostly exalted in *mania*, and in lively excitement it has the peculiar colouring of unrestrained merriment. The patients are pleased, " over merry " or " quietly happy," visionary, " more than satisfied," " cheerful in this beautiful world " ; they feel well, ready for all possible sport and banter, " penetrated with great merriment," they laugh, sing and jest. They are " enraptured with everything," " the happiest woman " ; happiness has come upon them ; " now the days of roses are coming." The group of patients in manic excitement (Fig. 3) reproduces the expression of this mood in varied colouring from quiet cheerfulness and proud self-consciousness to unrestrained cheerfulness.

Sexual excitability is increased and leads to hasty engagements, marriages by the newspaper, improper love-adventures, conspicuous behaviour, fondness for dress, on the other hand to jealousy and matrimonial discord. Several of my patients displayed in excitement homosexual tendencies. When merriment is associated with poverty of thought, it easily acquires the stamp of foolishness and silliness which then may lead to the assumption of a state of psychic weakness. Further, by the admixture of an unpleasant colouring the disposition of the manic may assume the form of angry irritation. The patients become arrogant and high flown ;

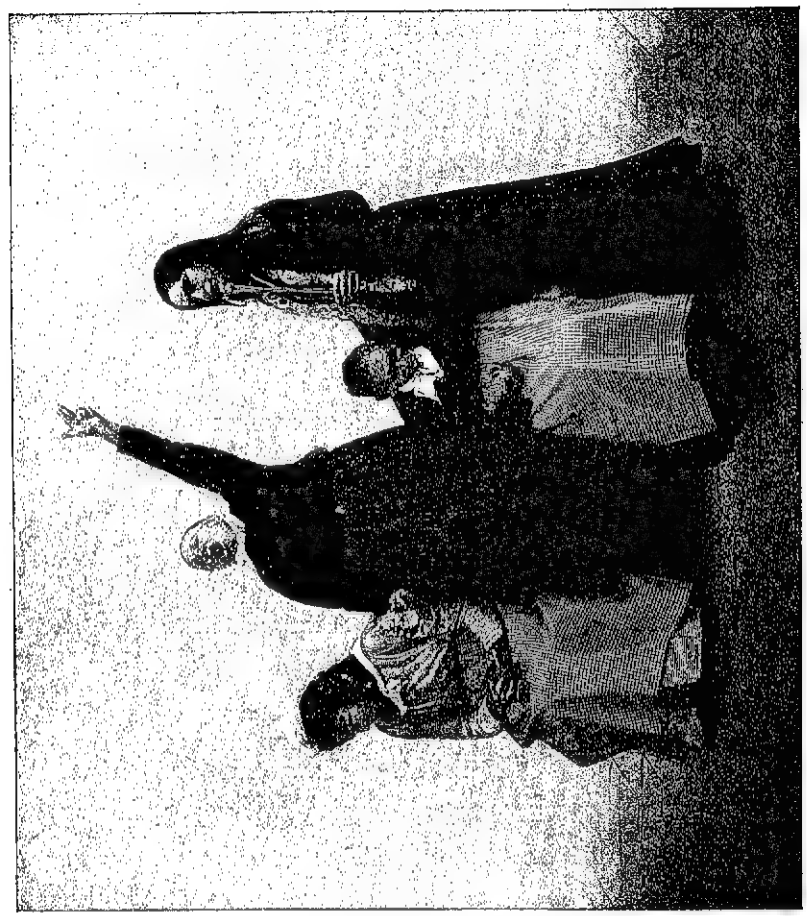


FIG. 3.—Manic Patients.

when they are contradicted, or on other trifling occasions, they fall into measureless fury, which is discharged in outbursts of rank abuse and violence.)

(But the circumstance is very important for the manic mood, that it is invariably subjected to frequent and abrupt fluctuations.) In the midst of unrestrained merriment not only are sudden attacks of rage interpolated, but also uncontrollable weeping and sobbing, which certainly give place again just as quickly to unrestrained cheerfulness. "I don't know whether to laugh or cry," said a female patient. (In this alternation of mood, which in a similar manner, although far less pronounced, is frequently found also in states of depression) the close internal relationship of the clinical states, apparently so fundamentally different, is seen.

(The fundamental mood in the states of *depression* is most frequently a sombre and gloomy hopelessness.) The patient has "whole hundredweights on him," is lacerated with grief, has lost all spirit, feels himself deserted, without any real aim in life. His heart is like stone; he has no pleasure in anything. (As it appears, it is here a case not only of gloomy and sullen humour, but also of a certain inhibition of the emotions which is the antithesis of the free flow of the feelings in mania. It is exactly this decrease of emotional interest, the loss of inner sympathy with the surroundings and with the events of life, which the patients usually feel most bitterly.) Within them all is empty and vain; everything is indifferent to them, is no concern of theirs, seems "so stupid" to them; music "sounds strange." They have a feeling as if they were wholly out of the world; they cannot weep any more; they experience neither hunger nor satisfaction, neither weariness nor refreshment after sleep, no longer any bodily desire; God has taken away from them all feeling. A female patient complained that she was annoyed, if she saw other people doing anything with interest. "I am like a stock," complained another patient, "and feel neither joy nor sorrow." Indeed it is easy to convince oneself that the patients are surprisingly little affected by bad news. Natural grief usually breaks out first in convalescence. Even when their relatives visit them, they often show no interest, scarcely look up, make no enquiries. On this account they sometimes appear dull and without feeling, although it is not a case of annihilation of emotions, but only of inhibition.

(More rarely than the sombre and sad melancholy just described anxiety is the principal feature of mood.) Sometimes

it is more "inward anxiety and trembling," a painful tension, which can rise to mute and helpless despair; sometimes it is an uneasy restlessness, which finds an outlet in the most varied gestures, in states of violent excitement, and in regardless attempts at suicide. In other cases again, we meet with a peevish, insufferable, dissatisfied and grumbling mood. The patients are discontented with everything; they loathe the whole world; everything torments, annoys, irritates them, fills them with bitterness, the sunshine, people enjoying themselves, music, everything done or left undone in their surroundings. (These moods are most frequently found in the periods of transition between states of depression and mania; they are, therefore, probably most correctly regarded as mixed states of depression and manic excitability.)

(The torment of the states of depression, which is nearly unbearable, according to the perpetually recurring statements by the patients, engenders almost in all, at least from time to time, weariness of life, only too frequently also a great desire to put an end to life at any price.) "There's nothing to be done with me but powder or in water," said a female patient, and another expressed herself thus, "Millstone round my neck, and then to the bottom of the sea." (The patients, therefore, often try to starve themselves, to hang themselves, to cut their arteries; they beg that they may be burned, buried alive, driven out into the woods and there allowed to die. In carrying out injuries on themselves they are often quite indifferent to bodily pain.) One of my patients struck his neck so often on the edge of a chisel fixed on the ground that all the soft parts were cut through to the vertebræ.

Out of 700 manic-depressive women, whom I observed in Munich, 14.7% made serious attempts at suicide; of those, who on admission were over 35 years of age, (16.2%. Among 295 men 20.4% attempts at suicide were reported. The otherwise much greater difference in the tendency to suicide of the two sexes is thus largely obliterated by the disease.

(Even in states of depression the mood, as already indicated, is not necessarily always the same, although the fundamental feature here often persists with hopeless obstinacy. Without taking into account the fact, that not at all infrequently for a short time there may be a complete change to the manic state, we are often surprised by a forlorn smile, a sudden gaiety, which appears quite abruptly in the midst of self-accusation and ideas of persecution.) "It's a misery," said a patient with a contented look. Occasionally

the patients develop a certain grim humour; they scoff at their own complaints and treat them ironically, calling themselves with a querulous laugh silly cattle. One patient called himself a "magnificent masturbator." Specially characteristic, and in certain circumstances of definite diagnostic significance is the experience that, when the moodiness is not too severe, it is frequently possible to persuade the patients to look pleasant. The suddenness with which the relaxed and troubled features then assume an expression of merriment and high spirits, is extraordinarily startling.

Pressure of Activity.—By far the most striking disorders in manic-depressive insanity are found in the realm of volition and action. In manic states the morbid picture is dominated by pressure of activity; here we have to do with general volitional excitement. Experiment certainly teaches that the duration of simple and discriminative reactions is invariably lengthened, sometimes even very considerably. Many circumstances, however, point to the fact that the lengthening essentially concerns the connection of actions with external requests, which moreover are often imperfectly understood. On the other hand every chance impulse seems to lead forthwith to action, while the normal individual usually suppresses innumerable volitional impulses immediately as they arise. The disorder might to a certain degree conform to that which we can produce artificially by alcohol; from this arises the great similarity of many manic patients to light or heavy drinkers. It is true that in drunkenness the encroachment on perception and thought is comparatively much greater than in our patients; and besides in the former the appearance of paralysis and uncertainty in movement soon makes itself conspicuous.

Manic pressure of activity naturally leads to more or less pronounced restlessness. In the slightest grades it is only a certain restless behaviour, always busy about something, which strikes us, an agitated desire for hurried enterprise. The patients make all sorts of plans, wish to train as singers, to write a comedy; they send suggestions for reform to the police magistrate or to the railway managers; a clergyman wrote a letter to the Pope concerning the marriage of priests. They busy themselves with the affairs of other people, but not with their own; they start senseless businesses, buy houses, clothes, hats, give large orders, make debts; they wish to set up an observatory, to go to America. One patient made the journey to Corsica and there bought property

for 85,000 marks, which involved him in endless lawsuits. They make plans of marriage, enter into doubtful acquaintanceships, kiss strange ladies on the streets, frequent public houses, commit all possible acts of debauchery. A young girl went about with men in taverns and paid for their beer. An elderly married man went walking on the street with a negress from a music-hall. While they appear in company as jovial fellows, give large tips, stand treat, they quarrel with their superiors, neglect their duty, give up their situations for trifling causes, leave public-houses without paying. A female patient travelled on the tramcar without a ticket, and then asserted falsely that she had a season ticket.

Acute Mania.—In more severe excitement a state of genuine mania is developed by degrees. Impulses crowd one upon the other and the coherence of activity is gradually lost. The patient is unable to carry out any plan at all involved, because new impulses continually intervene, which turn him aside from his original aim. Thus his pressure of activity may finally resolve itself into a variegated sequence of volitional actions ever new and quickly changing, in which no common aim can be recognised any longer, but they come and go as they are born of the moment. The patient sings, chatters, dances, romps about, does gymnastics, beats time, claps his hands, scolds, threatens, and makes a disturbance, throws everything down on the floor, undresses, decorates himself in a wonderful way, screams and screeches, laughs or cries ungovernably, makes faces, assumes theatrical attitudes, recites with wild passionate gestures. But, however abrupt and disconnected this curious behaviour is, it is still always made up of fractional parts of actions, which stand in some sort of relation to purposeful ideas or to emotions; it is a case of movements of expression, unrestrained jokes, attacks on people, amusement, courtship, and the like.

Only in very severe excitement may these relations be effaced, sometimes even beyond the possibility of recognition. The patients roll their eyes, turn their heads, roll about on the floor, hop, bellow, turn somersaults, beat rhythmically on the mattress, throw their legs about, beat as on a drum, behave convulsively, gnash their teeth, spit and bite about them. The movements may then in certain circumstances be very monotonous and senseless, and may occasionally give quite the impression of compulsion. A female patient declared to me that she must always carry out peculiar movements with her arms and head and say certain sentences,

"Laissez moi-laissez-moi travailler"; another stated that she must always beat the wall with her fist; a third that she had got out of bed "on command".

The pictures reproduced, Figs 4 and 5, afford so far an idea of manic behaviour. The first shows a patient who has plaited her hair for a joke in innumerable small plaits. The second represents a patient who has made a picturesque

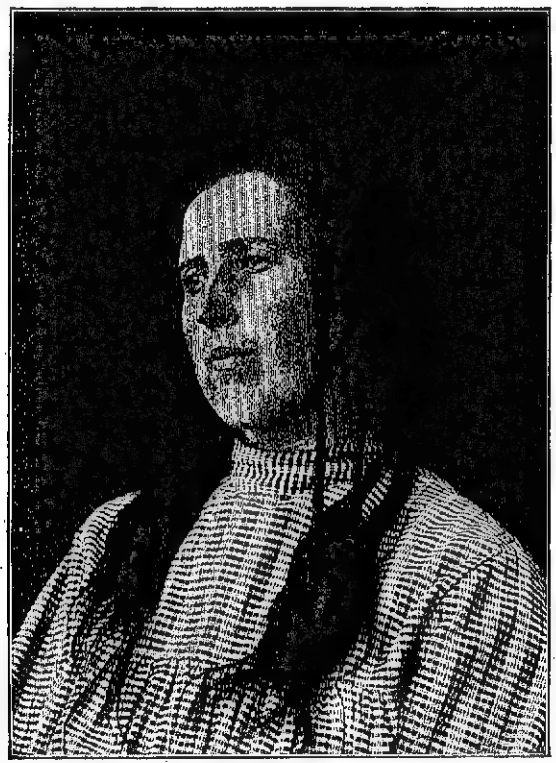


FIG. 4.—Manic patient with numerous plaits.

costume for herself from old garments, scarfs, and blankets, and is displaying a number of works of art made of paper on the lid of a cardboard box. I further reproduce some pictures, Fig. 6, from a series taken by Weiler, which show a patient with a lively play of gesture in various impressive attitudes rapidly alternating one with the other.

An Increase of Excitability also is invariably present in our patients as well as excitement. Perhaps this is

even to be regarded as the essential fundamental manifestation. The patients are often fairly quiet as long as they are, as far as possible, protected from every external stimulus, but if they are spoken to, or some one comes to see them, or their

FIG. 5.—Decorated manic patient.

fellow patients begin to scream, excitement, rapidly growing worse, appears with uncommon facility. The more they are allowed to talk and to do as they please, the greater does pressure of activity usually become, an experience very important for treatment.

The Feeling of Fatigue is completely absent in the patient in spite of the most intense motor excitement which occasionally persists in the highest degree for weeks, indeed

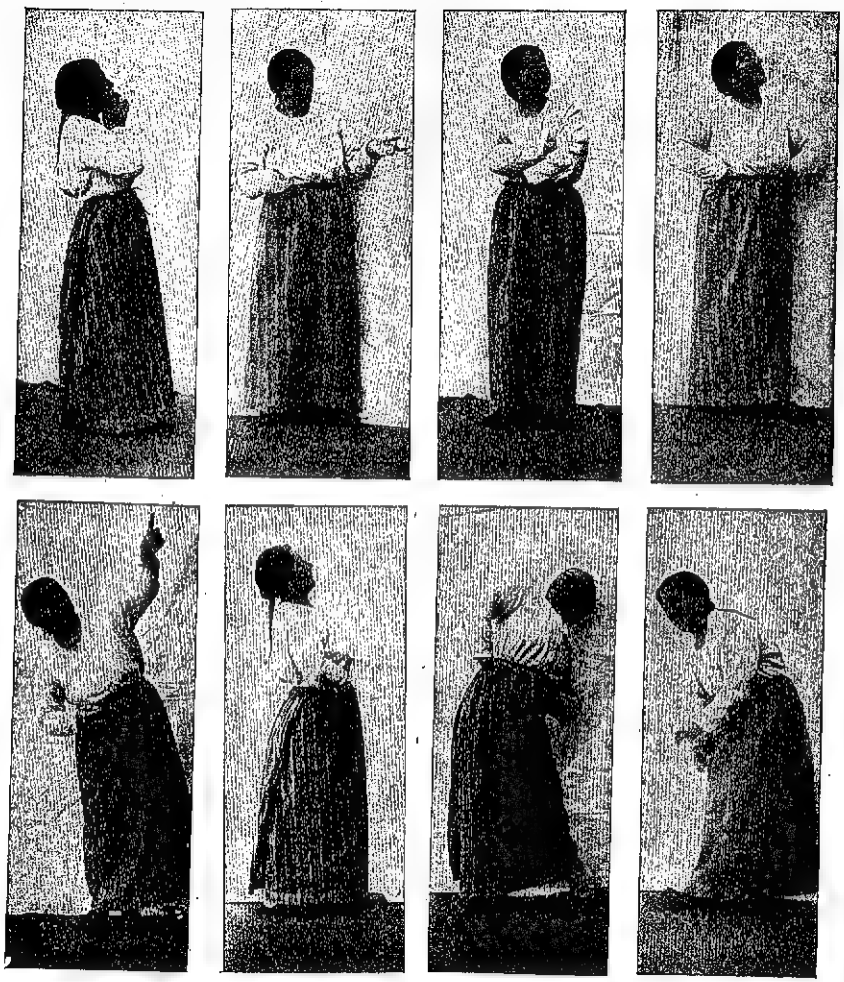


FIG. 6.—Changing attitudes of a manic patient.

for many months, with slight interruptions. He is not weary and relaxed; the ill usage of the muscle tissue produces no sensation of discomfort, partly, perhaps, because of the blunting of sensibility previously discussed, but specially perhaps

because of the ease with which his activity discharges itself. In him the slightest impulse is sufficient to call forth abundant movement, while for the attainment of the same result the normal individual would require an incomparably greater expenditure of central energy. On this account also every attempt to imitate this state must necessarily in a very short time fail, because of the impossibility of overcoming the paralyzing feeling of fatigue by a mere effort of will. This circumstance, as also the regardlessness with which the patients use their limbs, has led to the widely-spread, but incorrect, view that they possess very great bodily strength. But on the contrary the working capacity of their muscles is invariably proved in ergographic experiments to be considerably decreased. On the other hand the movements are more quickly carried out than by normal individuals, especially when there is a continuous series of the same movements and the patients fall into rapidly rising excitement.

Towards their surroundings the patients behave in very varying fashion. As a rule they are easily influenced, approachable, often importunate, erotic. At times they become irritated, threatening and violent, but are then for the most part quickly calmed by kindly or humorous persuasion. Many patients are repellent, pert, abrupt, unapproachable; now and then waxy flexibility and echolalia or echopraxis are observed.

Pressure of Speech, which is often very marked in the patients, is a partial manifestation of the general pressure of activity. The conversion also of verbal ideas into the movements of speech is morbidly facilitated. Isserlin was able to prove that the number of syllables spoken in a minute by a manic patient amounted to 180 to 200, while the normal control produced not more than 122 to 150. As we have already remarked just this circumstance might play a certain part in the peculiar form of the manic flight of ideas. The easily stimulated ideas of the movements of speech gain too great an influence over the flow of the train of thought, while the relations of the contents of the ideas pass more into the background. Thus it comes about that in the higher grades of the flight of ideas, just as happens under the influence of alcohol, forms of speech, which have been learned as such, combinations of words, corresponding sounds and rhymes, usurp more and more the place of the substantive connection of ideas. As is already recognisable from the examples given above, the pure clang-associations, in which every trace of an

inner relation of ideas has vanished, assonances and rhymes, even though quite senseless, gain more and more the upper hand. To what a height the disorder may rise, is shown in Fig. 7, in which, according to Aschaffenburg's investigations, the percentage of clang-associations in five normal individuals and five manic patients is reproduced. The numbers for the normal individuals fluctuate here between 2 and 4%; but they may with peculiar personal disposition once in a way even be considerably higher. On the other hand they never reach the high values of the manic patients which here rise to 32 to 100%. A female patient wrote on a piece of paper, Nelke—welke—Helge—Hilde—Tilde—Milde—Hand—Wand —Sand.

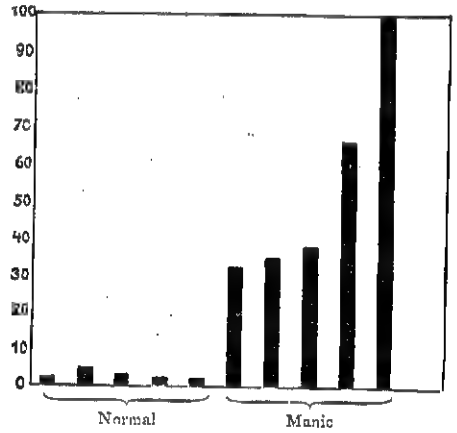


FIG. 7.—Frequency of clang-associations in normal individuals and manic patients.

In the talk of the patient the flight of ideas and the pressure of speech are both at the same time conspicuous. He cannot be silent for long; he talks and screams in a loud voice, makes a noise, bellows, howls, whistles, is over-hasty in speech, strings together disconnected sentences, words, syllables, mixes up different languages, preaches with solemn intonation and passionate gestures, abruptly falling from high-sounding bombast to humorous homeliness, threats, whining, and obscenity, or suddenly coming to an end in unrestrained laughter. Occasionally it comes to lisping or affected speech with peculiar flourishes, also, it may be, to talking in self-invented languages which consist partly of senseless syllables, partly of strangely clipped and mutilated words. Among these are interpolated quotations, silly puns,

poetical expressions, vigorous abuse. Many patients speak like children, in telegram style, in infinitives.

An example of manic conversation is given in the following notes:—

"Notieren Sie genau, es scheint mir alles so grau; die Uhr (a watch was held in front of the patient) bedeutet den Kreislauf der Zeit; Herr N. hat einen Chronometer bereit. Mein Magen tut mir weh, immer hipp, hipp, hurrah! Der Geibel ist der Dichter, der Genius der Zeit gewesen, été, der Sommer muss kommen, die Bäume schlagen aus, und du bist nicht zu Haus. Röslein, so hold am Haag, mich doch niemand holen mag. Les extrêmes se touchent; Zeiten fliehen so manches Jahr, mich doch niemand holen mag. (to the waitress) Du Luder, du unverschämtes Saumensch, kannst du darüber lachen, dass die guter Hoffnung ist, von Rose gesprochen, drum bist du Esel so grau. Grau, teurer Freund, ist alle Theorie. Stern, Blume so gern. Der Grossherzog soll leben hoch. Leberecht Hühnchen," and so on.

The want of connection here is not at all caused by overflowing abundance of thought, but by deficient cultivation of guiding end-ideas. The normal individual also may produce very similar series, when he lets go the reins of his thinking and says aloud whatever comes into his mind. Nevertheless, in normal individuals, as the investigations of Stransky have shown, the manifold variety of ideas appears to be considerably less, in consequence of the involuntary persistence of end-ideas and the slighter distractibility which is caused by that. In place of this variety there appear enumerations as well as variations and repetitions of the same thoughts. The patients also often produce enumerations. A female patient called out, "Straubing, Osterhofen, Vilshofen, Passau," and later, "Life, light, death, hell, eternity."

(As a rule the conversation of the patients is considerably influenced by external impressions) They weave in words which they have heard, connect up chance impressions, and make them serve as starting-points for utterances spun out by the flight of ideas. But occasionally in jocular manner they directly evade all external stimulus, only laugh at every question, repeating it in a teasing way, and purposely give false or wittily elusive replies. A female patient always replied with unrestrained laughter to everything that was said to her, the one word "Nixen" (nichts). Another, on being asked her age, replied, "Amn't born at all"; when asked what is seven times seven, "One doesn't count any more, one weighs, one measures." Lastly, it also happens that the patients not only string together of themselves single words and incomplete sentences without connection, but

also they pay no attention to the meaning of the questions directed to them; they rather give utterance to completely unrelated, nonsensical remarks. Many patients remain mute, yet communicate with their surroundings by means of a very expressive and comical language of signs.

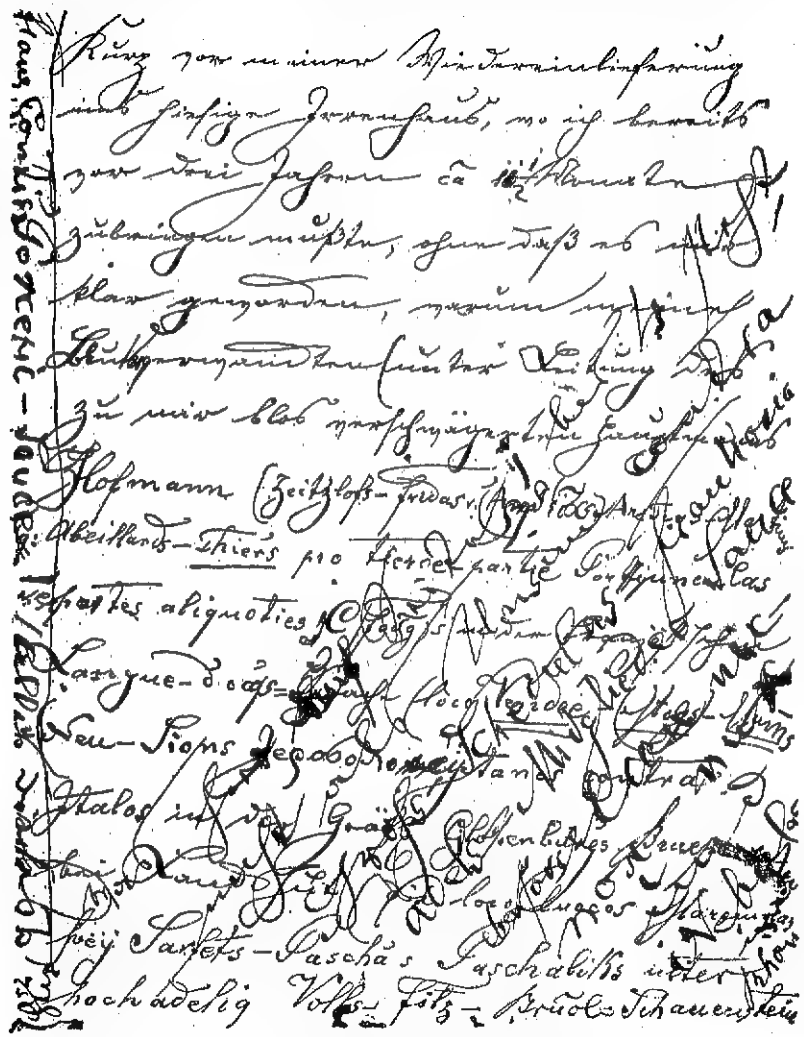
In the *writings* of the patients there is a tendency to use foreign words and to mix up different languages. The influence of clang-association on the sequence of ideas is here on obvious grounds much slighter than in speaking, especially in the case of patients, whose internal speech does not by preference wholly take the form of speech motives or clang-pictures. Instead of that it often comes to the enumerations of similar ideas described in detail by Aschaffenburg, while association according to external similarity, or according to contiguity, takes the place of a progressive train of thought. The increase of distractibility and excitability are usually seen in the circumstance that the first words or lines are for the most part quite connected, whereas the remainder consists of a confused sequence of enumerations, reminiscences, scraps of verse, assonances and rhymes.

The following fragment of a letter of condolence contains such derailments :—

"Ach! gnädigste Frau! Komm' ich auch spat zu Ihnen, meine innigste, wirklich aus meinem Herzen fliessende Teilnahme zu dem Heimgange à la Fidelio Thres teuren Florestan auszudrücken—niemals kommt man dann zu spät, wenn man sich frägt: Ach, wie ist's denn möglich wohl, dass mir so viele Schmerzen Dein Tod; Du treuer, lieber Seladon und Romeo Mir, Deiner einzigen ach! der teuren Gattin naht die . . . Ja die Tränen! ecc. Pamela Questenberg Neumann Gordon a la Vitzthum Magdalena o Terzky Struve Carola auch Du Graf von Lula o Leonore o Sollschwitz o Gitschin Generalmajor von Schmieden aussi bientot Hauptmann qu'est que la pardonnez . . ."

Here we first meet the series Fidelio—Florestan—Seladon—Romeo, which interrupts the original train of thought. Next comes the series Questenberg—Neumann—Gordon—Terzky, to which is added a number of other names, this series being probably suggested by the expression "spät komm ich" (I come late). At the end there follows the digression into French, and then in the further course of the letter fragments in English, Latin and Greek and a series of high-sounding verses.

The handwriting of the patients may at first be quite regular and correct. In consequence of the excitability, however, it usually becomes gradually always larger, more pretentious and more irregular. There is no more consideration for the reader; the letters run through one another, are scribbled; more words are underlined; there are more marks of exclamation; the flourishes become bolder. All those



SPECIMEN OF WRITING.—1. Mania.

disorders, those of substance as well as those of form, are well shown in the accompanying specimen of writing. The number of documents produced by manic patients is some-

times astonishing, though certainly they themselves do not count on their being read ; the pleasure of writing itself is the only motive.

Inhibition.—In the states of *depression*, in place of pressure of activity inhibition of will, its complete antithesis, generally appears. The performance of actions is here made difficult, even impossible. The slighter degrees of the disorder are seen in the indecision of the patients. The emerging impulses are not strong enough to overcome the opposing inhibitions ; in spite of clear recognition of necessity, although all genuine motives to the contrary and reasons for doubt are absent, the patient is yet not able to rouse himself to carry out the simplest actions. He " has no longer any will of his own," " does not know how he is to manage " ; he must always ask advice about what he is to do ; he can no longer do any thing rightly, as he is never certain that it is the right thing. A patient said, " I'm a weak man, who doesn't know what he wants."

The activity also, which after much hesitation is at last begun, comes to a stop every moment, as the energy of vigourous decision is lacking. The patient no longer finishes anything, does everything the wrong way about, does not get any further on in spite of all the work which he performs with the greatest effort ; he has no right spring in him ; he is weighed down with gloom. A female patient said that she had dressed early intending to go out, and in the afternoon she was still at home. All isolated movements, so far as they require volitional impulse, are carried out with more or less reduced speed and without vigour ; hands and feet obey no longer. The patient can no longer take hold of anything or keep hold of it ; mouth and tongue are heavy as lead. His bearing is relaxed and weary ; his behaviour stiff and constrained ; his expression rigid and immobile.

In ergographic curves Gregor and Hänsel were able to demonstrate an abrupt and early fall of the curve, to which followed low, long drawn-out curves, a sign of rapid failure of volitional impulse in prolonged exertion of muscles. External influence, and especially pleasant excitement, may decrease the inhibition. With steady persuasion or in danger the patient is able to accomplish what otherwise would be impossible for him. Often no parrying movements at all follow pinpricks, or they only follow if very sensitive places are pricked. Waxy flexibility and echo-phenomena are not rare.

In the most severe *stuporous* forms every volitional expression of the patient may be arrested, so that he is only able to lie still and can scarcely open his eyes. He is unable to show his tongue, to take his meals, to give his hand, or even to leave his bed and relieve nature. Although he perhaps understands quite well what he is told to do, yet at most a few weak, trembling attempts at the required movements follow. The patient retains uncomfortable attitudes, because it is not possible for him to change his position ; all objects, which are placed in his hand one after the other, he spasmodically tries to hold, as he is incapable of letting them go.

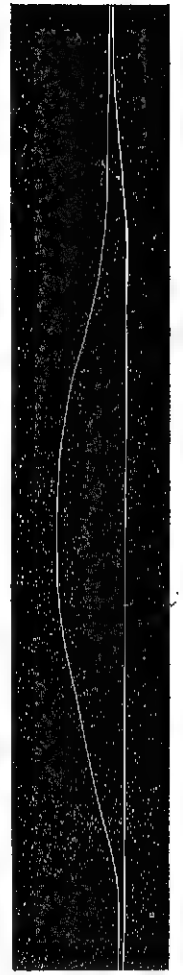


FIG. 8.—Simple flexion and extension movement of a finger in an inhibited patient.

The extreme inhibition of even quite simple volitional actions appears very distinctly in the accompanying curve, Fig. 8, of a reaction movement, which Isserlin obtained from a depressed patient. It should be compared with the curves of normal individuals and of catatonics given elsewhere.[1] It shows conclusively the extremely slow flexion and extension of the finger and also the small extent of the movement.

The inhibition of will is usually felt as extremely painful by the patients. The feeling of " insufficiency," of incapacity, is frequently already present, when to outward observation no difficulty at all in volitional actions can be recognised. Very commonly the remission in their work is interpreted by the patients as a moral offence. They reproach themselves most bitterly with their inactivity ; they will not remain in bed in order not to be thought lazy. Many patients develop a convulsive mania for work, and grudge themselves all rest in order to defend themselves from their own reproaches. " The spade had to be taken out of

[1] Kraepelin, *Dementia Præcox and Paraphrenia*. Translation Edinburgh, p. 80 *et seq.* (Oct. 1919).

his hand for otherwise he did not stop," reported the relatives of a patient. It is possible, however, that in such cases a psychomotor excitement plays a part.

The difficulty in volitional discharge leads naturally to a more or less considerable restriction of activity. Even if the most necessary work is at first still performed, every spontaneous activity remains yet undone. The patients give up their leisure occupations, and posts of honour, withdraw themselves from society and continually feel the need of rest. Later they neglect themselves and become careless. In the end they give up every activity and take refuge in bed, where they remain lying motionless, and in certain circumstances even pass their motions there. Of practical importance is the circumstance that the inability of the patients to come to a decision lessens the danger of suicide in some degree, at least at the height of the malady. Although they cherish the fervent desire to put an end to their life, they yet have not the power to carry out this intention. One of my patients already stood in the water, but had not "the courage" to jump in completely.

The various domains of volitional expression may be influenced in very different degree by volitional inhibition. As primarily the *discharge of volitional resolves* appears to be made difficult, those actions which are habitual and require no interference of will are still done unhindered, while the inhibition makes itself very strongly felt in other domains. The patients are able to dress themselves without difficulty and to occupy themselves, while they are incapable of making any independent resolve; they still perhaps accomplish easily and habitually the work of the day without special difficulty, but are alarmed at every new enterprise, at every special responsibility.

Movements of expression, as far as they should reflect psychic emotions, are usually attacked with special severity by the inhibition; mimic gestures also and movements generally lose in vivacity. The patients speak in a low voice, slowly, hesitatingly, monotonously, sometimes stuttering, whispering, try several times before they bring out a word, become mute in the middle of a sentence. They become silent, monosyllabic, can no longer converse, although they are able to count with customary rapidity or read aloud. Sometimes they do not speak a word of their own accord, but readily give information when asked, or they speak in a whispering tone, but vehemently with vivacious gestures,

Pfersdorff has called attention to the fact, that many patients make gross mistakes in spelling, omissions, duplications, exchanges of letters; here it can occasionally be recognized that associated clang-pictures influence the perception of the visual picture (*k* instead of *a* or *h*). Copying is done in certain circumstances unhindered, while the patients sit for hours before a letter, which they have begun, without bringing it to an end. The disorder meantime does not affect speech and writing at all in equal measure. There are patients who speak quite fluently but can scarcely write a few lines, and *vice versa* others write long passionate letters, while they become mute as soon as one wishes to converse with them.

In the place of volitional inhibition *anxious excitement* appears not very infrequently. The patients display a more or less lively restlessness, cannot sit still, do not remain in bed, run about, hide in corners, try to escape. They whimper, groan, sigh, scream, wring their hands, tear out their hair, beat their head, pluck at themselves and scratch themselves, cling to people, pray, kneel, slide about on the floor, beg for mercy, for forgiveness. In severe cases it comes to senseless screaming, lamenting, screeching, turning and dancing about, snatching, twisting and twitching of the hands and the trunk, rubbing and wobbling. Frequently monotonous, rhythmical repetition is conspicuous.

Specht, Thalbitzer, and also Dreyfus are inclined to interpret that kind of anxious excitement from the point of view of mixed states. It is said to be a case here of a conjunction of depression with the manic morbid symptom of volitional excitement. Taking the contrary view, Westphal and Kölpin have pointed out that the excitement represents an immediate outflow of anxiety, and therefore cannot be regarded as a manic component of the morbid state. To this is may be replied that the anxiety in itself may produce inhibition just as well as excitement of volition; it would be therefore possible that the transformation of inward tension, as we find it in many states of depressive stupor, into anxious excitement, is facilitated or even caused by the appearance of a volitional excitement in the sense of mania. It, however, appears to me hazardous to approach circumstances, which are certainly very involved, with such simple conceptions. We shall later meet with experiences which give evidence that the peculiar, anxious colouring of the states of depression, which completely differs from those of the manic

states, has a certain relation to *age*, a circumstance which Specht, in fact, has made use of for his view. I consider it, however, in the meantime very doubtful whether that anxious excitement which occurs solely in the form of movements of expression, though they may be of a very violent and nonsensical kind, may without hesitation be conceived as a mixture of anxious mood and manic pressure of activity But on the other hand, as we shall later see, there are without doubt states which are to be interpreted in this sense, and it must be conceded that in certain circumstances the distinction will be difficult, that perhaps, indeed, transition forms also may come under observation.

Pressure in Writing.—A good idea of the peculiarities of the psychomotor disorders in manic-depressive insanity is afforded by the accompanying curves, Fig. 9. (They represent the pressure-oscillations in the writing of 1 and 10 in a continuous series of figures. They were obtained with the aid of a writing balance. The spaces on the horizontal lines give an idea of the time taken by the writing ; the height of the curves represents on an enlarged scale the pressure exercised each moment on the writing-table. Under the individual curves there are accurate copies of the figures themselves, as they were made in the experiments. Fig. A comes from a healthy nurse. The remission of pressure during the turning of the movement of writing and the rise in the down-stroke are seen in the first 1 and still better in the second ; in the 0, also, a small pressure-oscillation corresponds to the turning. The small curves at the end are caused by after-oscillations of the pen on its being rapidly removed.

Fig. C was furnished by a female manic patient. The psychomotor excitement appears here in the large pretentious figures. The pressure is considerably raised and also the speed of writing, if we take into account the different length traversed by the pen. In the second 1 both pressure and speed are raised very considerably, a phenomenon, which also occurs in normal individuals everywhere, but which in them is not nearly so marked. As it indicates to us the increased facility of production during work, it may be regarded as an expression of increased psychomotor excitability. The rapidly increasing number of after-oscillations in the course of the writing points to the greater abruptness of the pressure-oscillations in the violent movements of writing.

A wholly different picture is presented by Fig. B, which

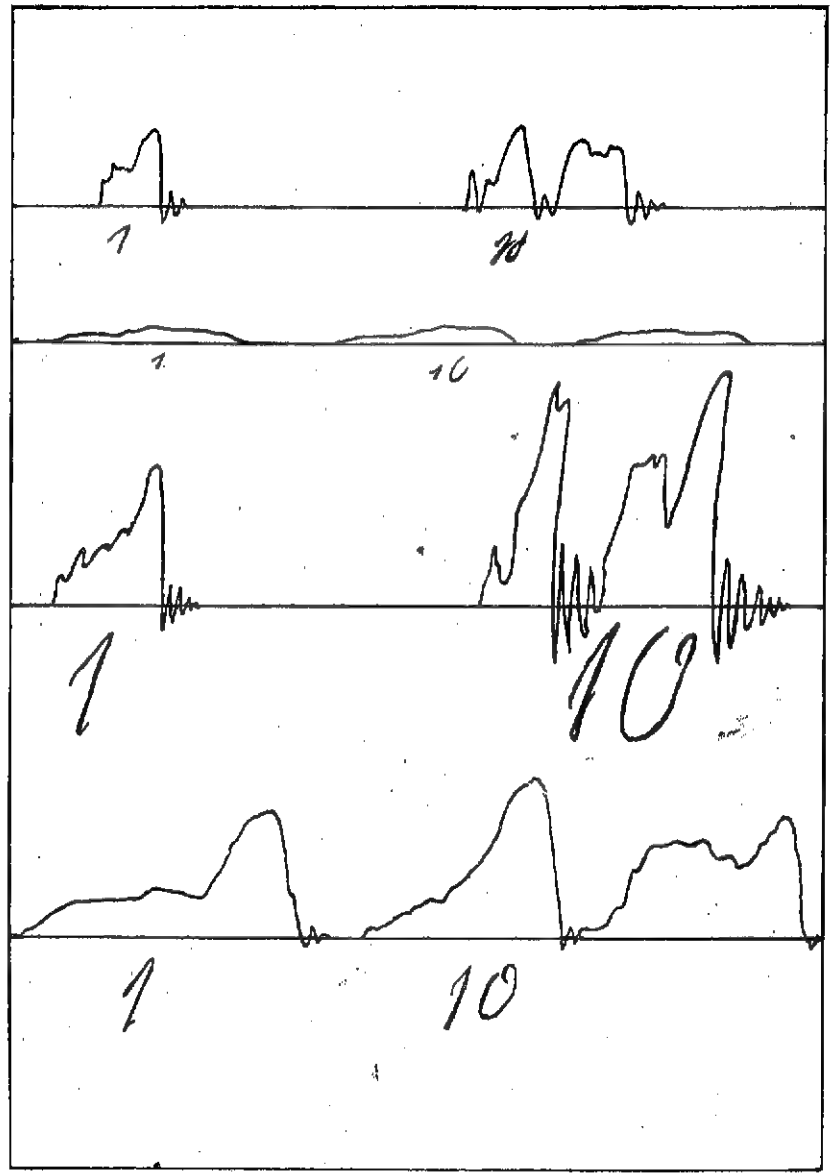


FIG. 9.—Pressure curves in writing in manic-depressive insanity.

was obtained from a patient in a state of depression. The figures are remarkably small, in spite of which they required considerably longer time than Fig. A; the speed was, therefore, much less. At the same time the pressure is extraordinarily low; it does not even amount to 50 g., and the oscillations are very slightly marked. After-oscillations are absent; the pressure of the writing therefore did not stop abruptly but very gradually. Here also, moreover, a slight increase of speed is seen in the second r. Between it and the following o there is a disproportionately long pause. Accordingly, as we found in the manic patient violent movements very much accelerated with rapid and considerable increase of excitability, so here we meet with hesitating commencement and discontinuance, little vigour, and significant decrease in the speed of writing, signs which clearly indicate the existence of a psychomotor inhibition.

But the two states of the instrument of our volition, which are here distinguished from each other, are scarcely so opposed to each other as might appear at first sight. We see them at least in the course of the disease frequently enough abruptly pass over the one into the other. Inhibition and facilitation of volitional impulses may accordingly be only *nearly related* phenomena of a common fundamental disorder. That becomes still more evident, when we see that the symptoms of both the morbid changes not at all infrequently *are mixed*. The special clinical forms of this mixture we shall later have to examine more in detail.

Here I should like merely to refer to Fig D in the page of curves. It is written by the same patient as Fig. C, only she was then in a state, in which for a few days during a severe attack of mania, the pressure of activity had completely disappeared. The figures are now smaller and the pressure curve shows a slight decrease of pressure with slow ascent and decline, and a very considerable decrease of speed, thus an extremely peculiar mixture of the changes which we have already learned to recognise in manic excitement and in inhibition.

Certainly we do not by any means find everywhere such marked changes of the pressure lines in writing. In especial the investigations carried out hitherto to a somewhat greater extent in states of depression have taught that here we find the most manifold gradations of the forms of Fig. B to approximately normal forms. Vigour, speed, and extent of movement in writing may not suffer any essential change

while the patients otherwise distinctly display the signs of volitional inhibition. It must for the present be left undecided whether the more severe disorders of writing are peculiar to specially characteristic states, or are dependent on the content of what is written, or on the greater or less significance of the volitional impulses for the movement of writing in individual persons.

CHAPTER III.

BODILY SYMPTOMS.

THE attacks of manic-depressive insanity are invariably accompanied by all kinds of *bodily changes*. By far the most striking are the disorders of *sleep* and of *general nourishment*. In mania sleep is in the more severe states of excitement always considerably encroached upon; sometimes there is even almost complete sleeplessness, at most interrupted for a few hours, which may last for weeks, even for months. In the slighter states of excitement the patients go late to bed and are also very early wide awake, but their sleep appears to be extraordinarily deep. In the states of depression in spite of great need for sleep, it is for the most part sensibly encroached upon; the patients lie for hours, sleepless in bed, tormented by painful ideas, and after confused, anxious dreams awake the next morning dazed, worn out and weary. They get up for the most part very late; they also perhaps remain in bed for days or weeks, although even in bed they find no refreshment.

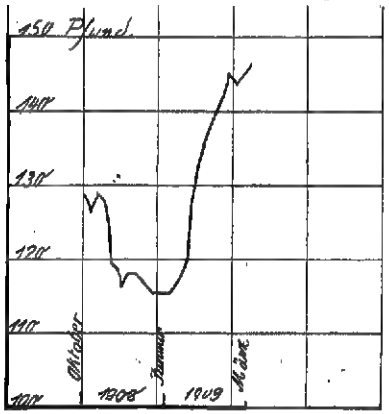


FIG. 10.—Body-weight during a manic attack.

Appetite is in manic patients frequently increased, but the taking of nourishment is nevertheless irregular in consequence of haste and restlessness. In more severe morbid states the patients frequently devour all possible indigestible and disgusting things; they bolt their food without due mastication, throw away the food that is offered them, smear it about, spill it. Depressed patients have as a rule little inclination to eat, and usually take nourishment only with reluctance and with much persuasion. Their tongue is

coated and they suffer from constipation. Wilmanns and Dreyfus have put forward the view, within certain limits probably quite rightly, that so-called "nervous dyspepsia" frequently represents merely an expression of the slightest

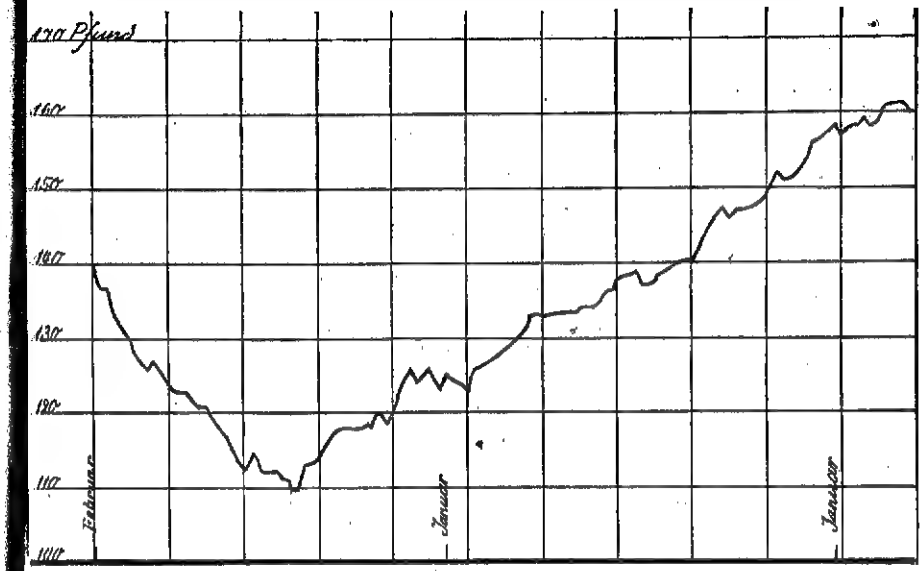


FIG. 11.—Body-weight in long-continued mania.

states of depression. Individual patients complain from time to time, or else continuously, of ravenous appetite, which appears to be a manifestation of anxiety.

The **Body-weight** always falls very considerably in acute mania, while in hypomanic attacks it rises as a rule. An example of the course of the body-weight during an attack of severe manic excitement, which lasted about six months, is given in Fig. 10 up to recovery. With the advent of tranquillity the weight here rises with very surprising rapidity, in one week 5 kg.

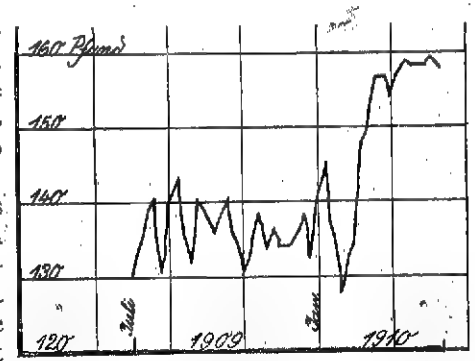


FIG. 12.—Great fluctuation of body-weight in mania.

Fig. 11 shows a course extending over more than two

years. It is seen here that the lowest weight was already reached in about six months. Although the manic excitement from that time onwards lasted nearly a year in its former severity, the weight yet rose with small fluctuations steadily, and only in the last weeks remained constant, when an irregular fluctuation between slight manic and depressive moods had developed.

An essentially different picture is given by the curve represented in Fig. 12. It comes from a manic patient, who was discharged cured, perhaps a little depressed, after treatment for ten months in the hospital; he had already before that been some months ill. We observe here before the last rapid and considerable rise of the curve quite a number of smaller oscillations of the weight, some of them fairly regular, the highest points of which, however, remain far under the height which was later reached. In general the fluctuations of the psychic state corresponded to these oscillations, yet the alternation of more excited and quieter periods appeared to clinical observation far more irregular. The impression is made here as though the whole attack had been composed of a series of shorter single attacks, a phenomenon which is met with not so very rarely. It cannot indeed specially surprise us considering the frequent inclusion of variously coloured attacks in one series, an occurrence which has given circular insanity its name.

A somewhat divergent, but still for all that a similar picture is seen in Fig. 13. Here it was a case of manic excitement, at first slight, then rapidly becoming more severe,

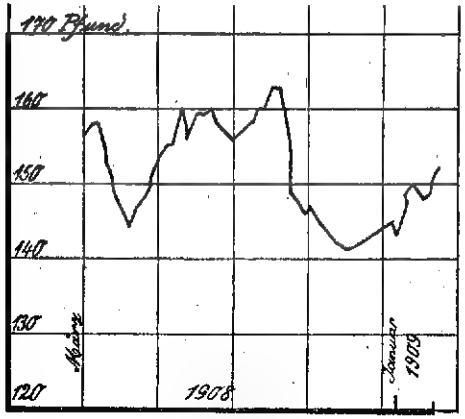


FIG. 13.—Body-weight during a compound attack.

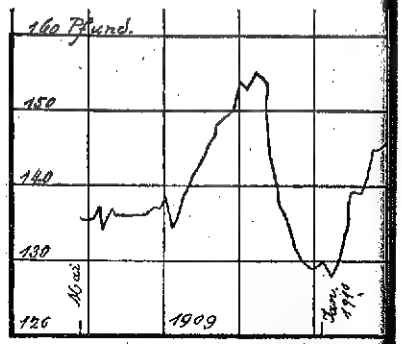


FIG. 14.—Body-weight in depression.

after which tranquillity and transition to slight depression soon followed. To this period of the disease the first fall and renewed rise of the curve correspond. The small descents which now follow, and which certainly are always again compensated, must render it doubtful whether the attack had already reached a close, and indeed the commencement of a severe depressive state of stupor appeared very suddenly with a very rapid fall of the body-weight, which then was followed by recovery. We gather from this, that in states of depression also the body-weight usually falls, and this happens as a rule, in contrast to mania, in the slightest forms.

A peculiar example of this is presented in Fig. 14. Here there was at first a slight, simple state of depression, which, with rise of the body-weight, in about three or four months slowly but not completely improved. Then followed immediately a very severe depression with extraordinary delusions and hallucinations, which in five months led to complete recovery. To this attack, which apparently at the time of discharge was not yet quite at an end, the second large fluctuation of the curve corresponds.

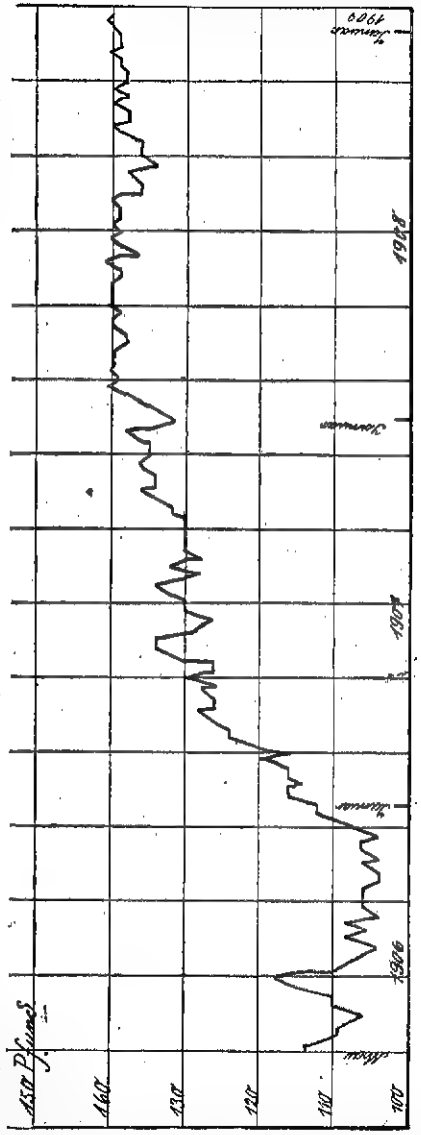


FIG. 15.—Body-weight in protracted depression.

In a very protracted course of states of depression, extending over a series of years I have repeatedly seen great rise of the body-weight without any considerable improvement of the psychic state. Recovery then followed much later, occasionally after the weight had again fallen not inconsiderably and without a manic state being conjoined. An indication of this behaviour can be recognised in Fig. 15, where, in spite of very great increase of body-weight which constantly remained high, there was yet no recovery. Much rather was the psychic state of the patient during this time essentially worse than at the time of his discharge, which happened later, when he weighed 4.5 kg. less.

General State.—Corresponding to the course of the body-weight the general state of the patients usually experiences striking changes. In the hypomanic periods the skin acquires a fresh colour and tension; the movements become elastic and vigorous; the scanty hair grows afresh, even with renewed colour. In states of depression on the contrary, the skin becomes pale, wrinkled, withered, dry, rough; the eye becomes dull; the growth of the nails stops and becomes irregular, as Falcida has demonstrated; the menses become scanty or intermittent; the secretion of tears dries up; the whole being appears prematurely old.

All these changes indicate that in manic-depressive insanity marked *disorders of metabolism* must take place. Unfortunately the results of investigations carried out in regard to this have been up till now still rather unsatisfactory. Mendel found in mania a decrease of phosphorus in the urine, while Guérin and Aimé found the excretion of lime and magnesia increased; in states of depression that is said to be diminished. On the other hand Seige was not able to demonstrate any abnormality in the metabolism of minerals. He observed in melancholia a strong tendency to the storage of nitrogen, which then is suddenly excreted in increased quantity. The endogenous excretion of uric acid, according to his statements, remains in depressive patients at the lower limits of the normal, whereas in manics it is reduced. Here it appeared to be a case of abnormally rapid breaking down of the purin bodies to still lower stages of disintegration. Lange has arrived at the opinion, that increased formation of uric acid may be regarded as the essential cause of states of depression. Raimann was able to establish that in states of depression alimentary glycosuria could be produced. Schultze and Knauer likewise were able to demonstrate that,

as in other forms of psychic disease so also in the states of manic-depressive insanity, alimentary glycosuria appeared, probably as a consequence of anxiety; it was found with special frequency in depression (67%), more rarely in mixed states (53%), and in mania (19%). Now and then diabetes insipidus is observed; in older patients I often saw continuous excretion of sugar. The reducing power of the urine was found by Pini raised in general, especially in mania, on the other hand lowered in long-continuing states of excitement.

Alberti investigated the toxicity of the urine and blood-serum, without obtaining any useful results. Pilcz was able fairly frequently to establish the appearance of all kinds of abnormal substances in the urine, acetone, diacetic acid, indican, albumose, which re-appeared in the attacks of the same patients, but without any definite relation to the colouring of the mood being recognised. Taubert found indicanuria in mania, often one or two days before the outbreak of excitement, while Seige observed indican disappear almost completely from the urine in excitement. On the other hand he observed in a depressed patient an unusually great excretion of indican, which began already two days before the transition from the former manic excitement and which was not accompanied by constipation. Townsend also was able to demonstrate an increased indoxyl excretion, which in states of depression was specially strongly marked, and which began to disappear shortly before the appearance of psychic improvement. Apparently it is here everywhere a case of the consequences of intestinal disorders which are so frequent in manic-depressive insanity. Hannard and Sergeant found in states of depression frequent cholæmia.

Blood-Picture.—The investigations of blood which Fischer carried out in five manic patients did not yield any characteristic change. The hæmoglobin content and the number of red blood corpuscles were frequently increased, the number of the white almost always, perhaps in consequence of the constant excitement. Dumas reports a decrease in the red blood corpuscles in the beginning of mania, an increase at the beginning of depression, changes which are said to be occasionally reversed in the further course of the attacks. The hæmolytic resistance of the red blood corpuscles in the presence of the serum of other patients or of normal individuals was found by Alberti to be weakened in mania, fluctuating in states of depression. Parhon and

Urechie in both periods of the disease observed increase of the mononuclear leucocytes.

Circulation.—The changes in the behaviour of the circulatory organs are often specially striking. Fairly frequently there are found murmurs at the heart, extension of cardiac dulness, increased excitability of the heart, tendency to congestion, erythemata, great perspiration, dermography. In manic patients the face is often flushed, the conjunctivæ injected. I once saw, in consequence of continued screaming, extreme swelling and tortuosity of the superficial veins of the neck. In states of depression the complexion is usually pale and grey; the lips often appear slightly cyanotic, the hands and feet cold, pale or livid. Not very infrequently one observes indications of Basedow's phenomena, a soft *swelling of the thyroid* gland with acceleration of the pulse, tremor and abundant perspiration, now and then also occasional exophthalmos. Not at all infrequently and in comparative youth arteriosclerosis is present.

About the behaviour of the *pulse-rate* and the *blood-pressure* statements are very divergent. It is usually assumed that in mania the pulse is accelerated, in melancholia retarded. The investigations carried out by Weber in our hospital gave on the contrary a raised pulse-rate in states of depression, especially in those with excitement; in lively manic excitement a similar result was found, while in quieter manic patients the frequency of the heart-beat was frequently shown to be normal and even somewhat retarded. The blood-pressure was found by Pilcz to be lowered in mania, raised in melancholia, while Falcioli observed it fall in states of depression and only rise on the appearance of anxiety. In mania, in consequence of the rapid and extensive widening of the vessel, one observes at each heart-beat pulse waves with rapidly rising, sharp, steeply-falling summit and distinctly marked dicrotism. In depressed patients, on the other hand, because of the raised tension there are low and sluggish pulse waves with slightly raised or rounded summit and feeble dicrotism.

The investigations of Weber carried out with newer and more perfect instruments confirmed the rise of blood-pressure in states of depression; it was greatest in depressive excitement. On the other hand it was shown that also in mania, especially in more severe excitement and in manic stupor, it is frequently raised. The behaviour of pulse and blood-pressure at the same time usually corresponds fairly closely

to the changes in the psychic state. A picture of this is given in Fig. 16, in which besides pulse-rate and blood-pressure,

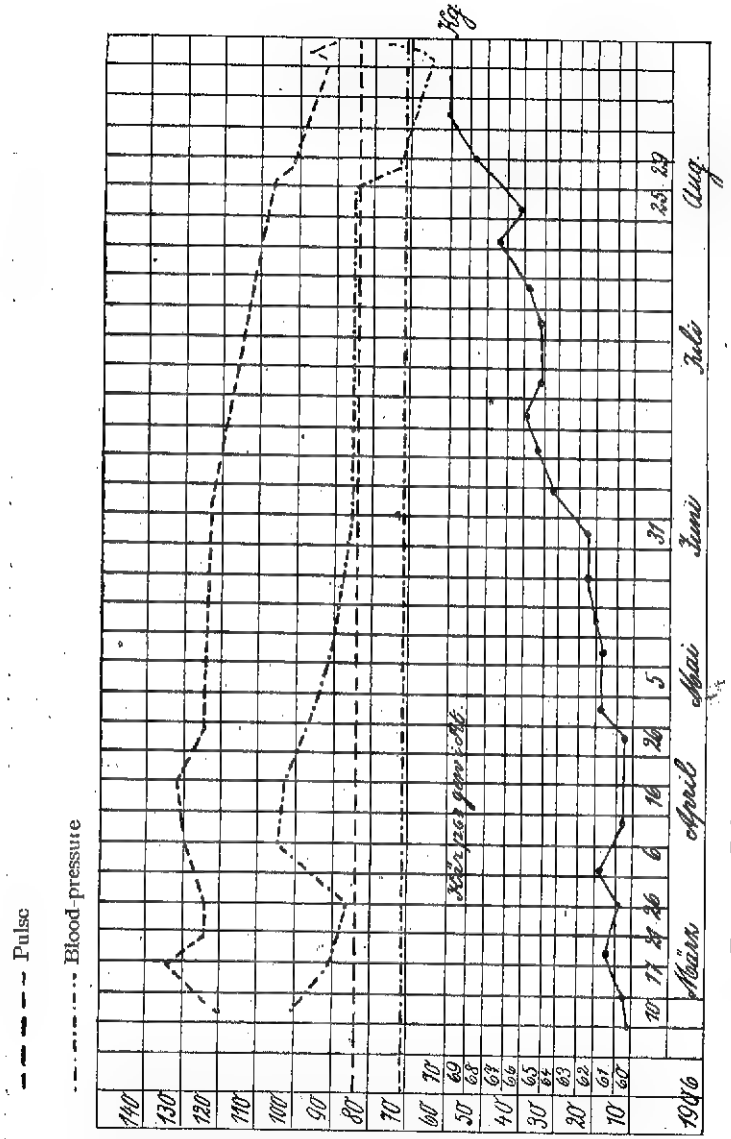


Fig. 16.—Pulse-rate, blood-pressure and body-weight in manic excitement.

which at the times indicated below were investigated by means of the Recklinghaus method, together with the hori-

zontal lines indicating the normal average values, the course of the body-weight is also reproduced. It is seen how pulse and blood-pressure, after fluctuations at the beginning, gradually return to normal with the rise of body-weight, which accompanies the improvement in the general state.

Respiration is accelerated in states of excitement, retarded in simple depression and in stupor ; in great anxiety interrupted or jerky breathing is occasionally observed. Vogt found the fluctuations of respiration on the plethysmograph curve specially marked in manic patients ; in more severe depression they were also invariably present.

Temperature is occasionally high-normal in violent excitement, and often lowered in severe states of depression.

The **Menses** at the beginning of the attack frequently stop for some time, especially in depressed patients, and return on the approach of recovery, occasionally as the first sign of it. Not infrequently during the menses aggravation of the morbid phenomena is observed.

"Nervous" Disorders of all kinds usually appear, especially in depressed patients. Apart from the headaches already mentioned and the manifold dysæsthesiæ, the patients complain about tiredness, feelings of oppression, noises in their ears, palpitation, shivering in the back, heaviness in the limbs. The *tendon reflexes* are frequently increased. Weiler found in general a steeper rise of the reflex curve, shortening of the reflex time, and powerful brake-action of the fall. In deep depression and in states of stupor the extent of the reflex decreased ; in the latter the reflex time was lengthened. The *pupils* are, according to Weiler's statements, somewhat frequently dilated, but otherwise show no deviations worth mentioning.

In many patients special sensitiveness to the *influence of weather* seemed to me to exist ; they felt lively discomfort for a considerable time on the approach of thunder-storms.

Of special importance is the fact that in our patients disorders are extraordinarily often observed, which we usually call *hysterical*. Here belong above everything fainting fits and attacks of giddiness, as well as fully developed hysterical convulsions, further, choreiform clonic convulsions, psychogenic tremor, singultus, convulsive weeping, somnambulism, abasia. Decrease in the pharyngeal and conjunctival reflexes, disorders of sensation of various nature, namely analgesia, patella and ankle clonus are also found. Many delirious states, which run a rapid course with dulling of consciousness, appear to have an hysterical colouring, as Imboden has emphasised. A female patient, who became manic after the death of her lover, wandered aimlessly about for some days in order to look for her dead "Toni," and had only a very dim recollection of this journey. Another asserted that she had been surprised and overpowered, but then stated that she could not say definitely whether it had not been a dream. In spite of the very imperfect information which was forthcoming about these morbid symptoms, they were proved in 13-14% of the men, and in about 22% of the women, by preference at the younger ages.

In a few cases also attacks of *epileptic* nature were noted, some of them being observed by ourselves. Lastly *organic disorders* appeared now and then especially among the men and at a more advanced age, apoplectic attacks with or without subsequent paralysis, transient loss of speech, cortical epileptic attacks. For the most part it was here a case of a conjunction with *arteriosclerosis*, often also with *lues*.

CHAPTER IV.

MANIC STATES.

THE presentation of the individual clinical states, in which manic-depressive insanity usually appears, will in the first place have to begin with the conspicuous contrasts between *manic* and *depressive* attacks. With these are associated, as third form, the *mixed states* which are composed of states apparently the opposite of each other. Lastly, we shall have to consider the inconspicuous changes in the psychic life which continue even in the intervals between the marked attacks, changes in which the *general psychopathic foundation* of manic-depressive insanity comes to expression. It must, however, be emphasised beforehand that the delimitation of the individual clinical forms of the malady is in many respects wholly artificial and arbitrary. Observation not only reveals the occurrence of gradual transitions between all the various states, but it also shows that within the shortest space of time the same morbid case may pass through most manifold transformations. The doctrine of form given here may accordingly be regarded as an attempt to set in order quite generally with some degree of lucidity the mass of material gathered by experience.

HYPOMANIA.

The slightest forms of manic excitement are usually called "hypomania," mania mitis, mitissima, also, but inappropriately, mania *sine delirio*. The French have spoken of a "folie raisonnante," an insanity without disorder of intellect. Indeed the sense, the power of perception, the memory of the patients, appear in general not disordered. Psychic activity, mobility of attention, are not infrequently even increased; the patients may appear livelier, more capable than formerly. In especial the ability to perceive distant resemblances often surprises the hearer, because it enables the patient to produce witty remarks and fancies, puns, startling comparisons, although usually not

very valid when examined more minutely, and similar products of the imagination. Nevertheless even in the slightest degrees of the disorder the following features are extraordinarily characteristic, *the lack of inner unity in the course of ideas*, the incapacity to carry out consistently a definite series of thoughts, to work out steadily and logically and to set in order given ideas, also the fickleness of interest and the sudden and abrupt jumping from one subject to another. Certainly the patients are not infrequently able with some effort to overcome temporarily these phenomena and to gain the mastery again for some time yet over the course of their ideas which have become unbridled. In writing and especially in rhyming, which is often diligently indulged in, a slight flight of ideas usually makes a distinct appearance. But even in these slight forms fairly severe excitement and confusion may temporarily be present.

Recollection of recent events is not always exact, but is often coloured and supplemented by original additions. The patient is easily led away in his narrations to exaggerations and distortions, which arise partly from mistaken perception, but partly also from subsequent misinterpretation without the arbitrariness of it coming clearly into his consciousness. Although genuine delusions are absent we invariably meet with a very much exaggerated opinion of *self*. The patient boasts about his aristocratic acquaintances, his prospects of marriage, gives himself out as a count, as a "doctor because of his services to the state," wants "to have everything magnificent," speaks of inheritances which he may expect, has visiting cards printed with a crown on them. A lady signed her letters "Athene". A lay-sister narrated that a miracle happened at her birth, that she had supernatural gifts and would reform the order. In eloquent words the patient boasts of his performances and capabilities; he understands everything best; he ridicules the doings of others with aristocratic contempt, and desires special recognition for his own person. He is an "excellent poet, orator, jester, and man of business", a "jolly fellow"; he can work like a nigger, can take the place of many a professor or diplomatist. A patient, who was charged with begging, declared proudly, "The beggar is the true king."

Insight.—Of this there is as a rule no question; even by a reminder of former attacks, of which during depression the patient perhaps formed a quite correct opinion, he cannot for a moment be convinced of the real nature of his state. On

the contrary he feels himself healthier and more capable than ever, has "a colossal energy for work", is "awfully merry", at most is somewhat excited by the unworthy treatment. The restriction of his freedom he regards as a bad joke, or as an unpardonable injustice, which he connects with the perverse ongoings of his relatives or of persons otherwise inimical to him, and he threatens to take legal measures for their removal and punishment. Those, not he, are mentally afflicted, who did not know how to appreciate his intellectual superiority and his gifts, and who tried to excite him by irritating and provoking him. This behaviour reminds one of the experiences so frequently encountered of the self-deceptions of drunkards.

Mood is predominantly exalted and cheerful, influenced by the feeling of heightened capacity for work. The patient is in imperturbable good temper, sure of success, "courageous," feels happy and merry, not rarely overflowingly so, wakes up every morning "in excellent humour". He sees himself surrounded by pleasant and aristocratic people, finds complete satisfaction in the enjoyment of friendship, of art, of humanity; he will make everyone happy, abolish social wretchedness, convert all in his surroundings. For the most part an exuberant, unrestrained mood inclined to practical jokes of all kinds is developed. Occasionally there is developed a markedly humorous trait, the tendency to look at everything and every occurrence from the jocular side, to invent nicknames, to make fun of himself and others. A patient called himself a "thoroughbred professional fool"; another declared the hospital was a "nerve-ruining institution"; a third stated that he was a "poet, cattle-driver, author, tinker, teacher, popular reformer, chief anarchist and detective". On the other hand there often enough exists a great emotional irritability. The patient is dissatisfied, intolerant, fault-finding, especially in intercourse with his immediate surroundings, where he lets himself go; he becomes pretentious, positive, regardless, impertinent and even rough, when he comes up against opposition to his wishes and inclinations; trifling external occasions may bring about extremely violent outbursts of rage. In his fury he thrashes his wife and children, threatens to smash everything to smithereens, to run amuck, to set the house on fire, abuses the "tribe" of his relatives in the most violent language, especially when under the influence of alcohol. The internal equilibrium of the patient is lost; he is led wholly

by momentary impressions and emotions which immediately obtain mastery over his mood and his excited volition. His actions accordingly often bear the stamp of impulsiveness, lack of forethought, and—because of the slight disorder of intellect—of immorality.

Increased Busyness is the most striking feature. The patient feels the need to get out of himself, to be on more intimate terms with his surroundings, to play a part. As he is a stranger to fatigue, his activity goes on day and night; work becomes very easy to him; ideas flow to him. He cannot stay long in bed; early in the morning, even at four o'clock he gets up, he clears out lumber rooms, discharges business that was in arrears, undertakes morning walks, excursions. He begins to take part in social entertainments, to write many long letters, to keep a diary, to go in a great deal for music and authorship. Especially the tendency to rhyming (letters!) is usually very conspicuous. A simple peasant published his rhymes made up of flights of ideas himself. A young lady on her departure from the institution composed a humorous testament in doggerel and had it printed.

His pressure of activity causes the patient to change about his furniture, to visit distant acquaintances, to take himself up with all possible things and circumstances, which formerly he never thought about. Politics, the universal language, æronautics, the women's question, public affairs of all kinds and their need of improvement, give him employment. A physician advertised lectures about "original sin, Genesis, natural selection and breeding." Another patient drove about in a cab and distributed pictures of the saints. The patient enters into numerous engagements, suddenly pays all his business debts without its being necessary, makes magnificent presents, builds all kinds of castles in the air, and with swift enthusiasm precipitates himself in daring undertakings much beyond his powers. He has 16,000 picture post-cards of his little village printed, tries to adopt a negro boy from the Cameroons. A patient made a sudden offer to the police to produce on the spot immediately a political criminal who had been long sought for, at the same time lending the official a fancy uniform as a joke, and by an advertisement in the newspaper he invited "the whole Hautevolée" to a ball in a little outlook tower.

At the same time the real capacity for work invariably suffers a considerable loss. The patient no longer has any

perseverance, leaves what he begins half finished, is slovenly and careless in the execution of anything, only does what he likes, neglects his real duties. A patient spent his whole time in plans for marriage, reading the newspapers, going walks, and playing bowls. "He is over-busy," was said of another, "but accomplishes less than formerly." Just as it occurs to him, the patient undertakes unnecessary journeys, wanders about, takes drives, pawns his watch, borrows money, makes useless purchases and exchanges, even when he has not a penny in his pocket, because every new object stimulates his desire. Even occasional theft and fraud are sometimes committed in this morbid lust for possession in order to obtain what is desired. A patient emphatically demanded a rise of salary, and at the same time threatened to give the alarm to the fire brigade in order to draw people's attention to his condition. A female patient gave over-weight in business; another drank other people's glasses empty.

External Behaviour.—*Exalted self-consciousness*, the passion to come to the front, is conspicuous, and also restlessness and changeableness. The patient dresses contrary to his usual custom, according to the newest fashion, though perhaps negligently, wears "a hat like Bismarck," sticks flowers in his button-hole, uses perfume galore. A female patient had her hair dressed eleven times in succession. The patient everywhere leads the conversation, interferes, forces his way to the front at every opportunity, in spite of deep mourning takes part in noisy entertainments, recites in public, subscribes largely to collections, tries to turn all eyes to himself, to make an impression, indulges in peculiarities. A patient described himself as "a conglomerate of all passions, sadist, masochist, fetishist, onanist".

He often makes himself conspicuous by all sorts of disorderly conduct; he serenades with trumpets, spends the night on benches out of doors, promenades in a dress coat wearing an order made by himself, takes a bath with his clothes on, performs military exercises with a broom, goes about the streets distributing blessings, pays a visit to the archbishop without any occasion. A female patient imitated an hysterical attack; another acted a little scene from a drama, apparently gave all sorts of domestic directions, telephoned for meat, quarrelled with the telephone girl, expressed herself very indignantly about the girl's alleged negligence; a third read aloud from the newspapers all sorts of invented nonsensical things.

In company the patient behaves without ceremony, is guilty of offences against decency and morality, tells risky jokes before ladies, carries on boastful conversations, in wanton merriment behaves with unsuitable familiarity towards strangers or his superiors, is friends with the first person he meets and calls him by his first name. A peasant girl began to charge the people in her surroundings with all their "wrong-doings," especially her companions, with illegitimate children. In consequence of his petulance and irritability the patient frequently comes into conflict with his surroundings and with the authorities; he insults officials, demands from the physician satisfaction as a cavalier, runs up debts in public houses, is called to account by his superiors and brought to order. A school-boy, who had a quarrel with some peasants, challenged them with pistols, handed them his card, and then fired a shot in the air; he threatened to shoot his headmaster, who had inflicted a punishment on him. Many patients become involved in law-suits which they carry on with great passionateness in the most correct forms through the highest courts of appeal. Because of their comprehensive petitions teeming with self-consciousness, affronts, and bold assertions, they are easily taken for litigants, till with the appearance of tranquillity or even the transition to depression, they repentantly beat a retreat.

The tendency to debauchery usually becomes especially fatal to the patients. He begins to get drunk frequently, to gamble foolishly, to remain out at night, to frequent brothels and doubtful taverns, to smoke and snuff excessively, to eat strongly-seasoned food. When such states of excitement occur frequently, and are of short duration, a picture very similar to dipsomania may arise.

Sexual Excitability experiences a considerable increase. An elderly father of a family, who otherwise lived a very retired life, began to drink champagne with the girl fencers from a circus. Another tried to force his way into the cook's room, and when he was found fault with, excused himself with his "midsummer madness." Women begin to dress conspicuously, to wear false hair, to put on style, to carry on equivocal conversations, to go to balls, to be frivolous, to enter into love-affairs regardlessly, to read indecent novels. A young girl pawned her clothes in order to procure a fancy dress and go to a ball with a gentleman who was a stranger to her. A woman handled the genitals of her sixteen-year-old son and threw back the coverings of the journey-

man who was lying in bed. Another female patient, when in this state, invariably made proposals of marriage, which in the end had the result that, with the help of an agent, she actually did enter into marriage with a man not at all trustworthy. A married lady in each manic attack conceived a violent passion for any male person in her surroundings, finally with a man, thirty years her junior, and in every respect very much her inferior, and she overwhelmed her beloved with the most fervid declarations of love in spite of his unresponsive attitude. Another began to write bombastic verses about a teacher. A servant-girl harassed a captain in the army with numerous love-letters, which she signed "your fiancée," and she tried in every way to force herself into his presence. Incomprehensible engagements, also pregnancies, are not rare in these states. I know cases in which the commencement of excitement was repeatedly announced by a sudden engagement. "Each child has a different father," declared a female patient. From these proceedings serious matrimonial quarrels naturally arise. A woman declared that she was going to commit adultery in order to get a divorce from her husband. Others become jealous and assert that their husbands keep company with innumerable females, and on this account want to shut them up in the asylum.

Rationalisation by Patients.—With extraordinary acuteness the patient can find a reason for all his astonishing and nonsensical doings; he is never at a loss for an excuse or explanation. The exertions of his relatives to quiet him are, therefore, not only ineffectual, but they only irritate him and easily lead to violent outbursts of rage. In the institution the patient usually presses for discharge from the first day, gives as exclusive cause of his violence the unjust deprivation of freedom, declares off hand that the physicians are "crazy," reproaches them with their incapacity, and demands to be examined by other authorities. One of my patients succeeded in persuading his wife to transfer him against my advice to another institution. On the journey, which was quite short, he himself took the lead, drove away from his wife, and went to Berlin to have himself examined by a physician who had obtained a certain reputation for certifying mentally unsound people as sane.

Movements of Expression are as a rule lively and passionate. The patients talk a great deal, hastily, in loud tones, with great verbosity and prolixity, jumping from one

subject to another, using sought-out, bombastic expressions, speaking with peculiar intonation, and of themselves often in the third person in order to place themselves in the right light. Silly joking, puns, violent expressions, quotations, scraps of foreign languages play a large part, and occasionally violent abuse and swearing or emotional weeping intervenes. Their writing displays large, pretentious flourishes, many marks of exclamation and interrogation, underlining, besides negligence in the external form. Many patients compose bombastic or humorous documents full of flights of ideas and irritation, in which they narrate without reserve all their family affairs, beg for certificates of sanity, and call for the protection of public opinion.

The variety in detail of this state is, in spite of all the common features, very large. The more slightly the real morbid process affects the individual, the more conspicuous are his personal peculiarities in the form which the manifestations assume. The differences are noticeable especially in the kind and intensity of the emotions. While many patients at this time are amiable, good-natured, docile, sociable, and at most become disturbing to their surroundings by their restlessness, others because of their irritability, their imperiousness, and their regardless pressure of activity, are extraordinarily difficult and unpleasant. It is just the peculiar mixture of sense and maniacal activity, frequently also an extensive experience of institutions, which makes them extremely ingenious in finding out means to satisfy their numerous desires, to deceive their surroundings, to procure for themselves all kinds of advantages, to secure the property of others for themselves. They usually soon domineer completely over their fellow-patients, use them for profit, report about them to the physician in technical terms, act as guardian to them, and hold them in check.

Acute Mania.

From the slighter forms of mania here described, imperceptible transitions gradually lead to the morbid state of actual acute mania. The beginning of the illness is always fairly sudden; at most headaches, weariness, lack of pleasure in work or a great busyness, irritability, sleeplessness, precede by some days or weeks the outbreak of the more violent manifestations, when a definite state of depression has not, as is very frequent, formed the prelude. The patients rapidly become restless, disconnected in their

talk, and perpetrate all sorts of curious actions. They run out of the house in a shirt, go to church in a petticoat, spend the night in a field of corn, give away their property, disturb the service in church by screaming and singing, kneel and pray on the street, fire a pistol in a waiting-room, put soap and soda in the food, try to force their way into the palace, throw objects out at the window. A female patient jumped into the carriage of a prince for a joke. Another rang a chemist's bell at night, as she alleged that she had been poisoned. A third went to the physician at his consulting hour in her ball-dress, and to church similarly dressed. A male patient appropriated the property of others in taverns. Another appeared in the court of justice in order to catch a murderer. Yet another asserted that he was on the track of an anarchist plot.

As a rule, therefore, the patients must be brought to an institution in a few days. Here they show themselves sensible and approximately oriented, but extraordinarily distractible in perception and train of thought. Sometimes it is quite impossible to get into communication with them; as a rule, however, they understand emphatic speech, and even give isolated suitable replies, but they are influenced by every new impression; they digress, they go into endless details, in short, they display more or less developed flights of ideas, as we have already described minutely.

Delusions.—Very commonly fugitive delusions are expressed, usually more in a jocular way. The patient asserts that he is descended from a noble family, that he is a gentleman; he calls himself a genius, the Emperor William, the Emperor of Russia, Christ; he can drive out the devil. A patient suddenly cried out on the street that he was the Lord God; the devil had left him. Female patients possess eighty genuine diamonds, are singers, leading violinists, Queen of Bavaria, daughter of the Regent, Maid of Orleans, a fairy; they are pregnant, are going to be engaged to St Francis, are to give birth to the Redeemer of the Jews, the Messiah. St. Joseph lay beside them in bed; the pope and the king came to them; Christ lives in them again. A female patient asserted that she was the Christchild and was three years old. The patients are often disoriented about their own position and their place of residence; they make mistakes about persons, often in a playful way. Now and then isolated *hallucinations* are reported. The patients see horsemen in the clouds, saints, a dead child; they carry on a conversation

with their father who is dead, with the Virgin Mary; they feel themselves influenced by something external.

Occasionally the patients narrate all sorts of extraordinary adventures. A female patient asserted that she had been assaulted and abused, but then said that she could not swear that it had not been a dream. Many patients have a certain morbid feeling, and at times make fun of the ideas which they bring forward. Great wishes and plans are also developed. The patient wishes to invent something, to buy houses, to marry a professor's daughter with a large dowry, to go to the university; he has already a doctor's degree. He hopes to get his whole breast covered with orders, wishes to cure patients by hypnosis, will see to it that everyone goes to heaven, and that the penal code will be reformed according to religious principles. A female patient desired to buy a bicycle "decorated with lilies"; others demand diamond earrings, expensive clothes.

Mood is unrestrained, merry, exultant, occasionally visionary or pompous, but always subject to frequent variation, easily changing to irritability and irascibiltiy or even to lamentation and weeping. Such fluctuations of mood are very clearly seen in the following letter of a manic patient:—

"When I think of my rude behaviour towards you at the last visit, I do not know how I am to atone for it. I ask you for pardon from my heart; as far as it lies in my power, such a thing will never occur again. As I now understand, I should have given you an answer and I did not do so. O God, how discourteous! |

"So gern möcht ich nun offen sein,
Doch längst hab' ich's gefühlt,
Dass niemand mich versteht, allein,
Nur ich empfind', wie's wühlt.
Das Leiden, das ich hab' in mir,
O Gott, ich frag', warum,
Das weisst Du nicht, ich gab es Dir.

"And you still ask so stupidly. Whom the Lord loveth, he chasteneth. Thy will be done. | And when the Lord chasteneth! Then he pierces! But I must stop.— | The sky is blue! The weather is beautiful! Professor, I should like to take a walk. If it is not good for me, I shall obey."

At the places marked a new page began; of the contents of the first about the half has been left out as unessential. One notices how the penitent contrition, which appeared after a violent state of excitement, is on the second page diverted by the interruption made by turning the leaf to another depressive circle of ideas, but how immediately now, in the rhyme and also in the self-derision at the end, manic excitement is conspicuous. From here onwards the calligraphy begins to be fantastic, large and pretentious, so that the few

following words with their frequent marks of exclamation and interrogation cover the whole side. At the same time the train of ideas vacillates from religious ideas to the blue sky and in rhyming to taking a walk. [Several of the words rhyme in German.] The concluding words are obviously quieter and are added in smaller writing.

(At the most trifling affront it may come to outbursts of rage of extraordinary violence, to veritable high-tides of clamorous abuse and bellowing, to dangerous threats with shooting and stabbing, to blind destruction and actual attacks.) The female sex has a much greater tendency to such outbursts than the male sex.) Sexual excitement finds an outlet in obscene talk, forcible approach to youthful patients, shameless masturbation ; among the female patients in calling the physicians by their first names, dressing up, taking down their hair, anointing themselves with saliva, frequent spitting, using indecent and abusive language, as well as in sexual calumniation of the nursing staff. A female patient made signs to the soldiers from the window.

Conduct.—(The behaviour of the patients is, as a rule, free and easy, self-conscious, unmannerly or confiding, importunate.) They run after the physician, are always interrupting, let themselves be diverted or influenced by persuasion, imitate other patients, and not rarely display indications of automatic obedience ; they do not defend themselves from pricks. But often enough they are repellent, pert, unapproachable ; they resist, hide in corners, close their eyes, hold their fingers before their face in order to blink through them. (Many patients obey no directions, act on purpose the wrong way about.) A female patient in greeting gave her index finger, another gave her foot instead of her hand. The morbid picture is dominated by the rapidly increasing *volitional excitement*, which in its impulsiveness and suggestibility may remind one of alcoholic poisoning. A female patient behaved herself according to the description given by her neighbours " like a drunken man ".

(The patient cannot sit or lie still for long,) jumps out of bed, runs about, hops, dances, mounts on tables and benches, takes down pictures. He forces his way out, takes off his clothes, teases his fellow-patients, dives, splashes and squirts in the bath, romps, beats on the table, bites, spits, chirps and clicks. These volitional utterances in general usually exhibit the stamp of natural activities and movements of expression, although frequently mutilated and over-hasty. Among

these, however, are frequently interpolated movements which can only be regarded as discharges of inner restlessness, shaking of the upper part of the body, waltzing about, waving and flourishing the arms, distorting the limbs, rubbing the head, bouncing up and down, stroking, wiping, twitching, clapping and drumming. (Sometimes these movements are conspicuously clumsy and inelegant, or affected and peculiar. Not at all infrequently they are carried out rhythmically, also perhaps for a considerable time they are continued monotonously. Similarly the patients are heard now and then repeating for hours the same phrases and laughing to themselves.) Not rarely they are dirty, pass their motions under them, and smear things with their evacuations.

(Many patients display a great tendency to be destructive.) They slit up their suits and bed-clothes in order to use the rags knotted and twisted in a hundred ways for extraordinary decorations. All objects in any way attainable are broken up into their component parts, in order to be put together again as new structures of various kinds, according to the inspiration of the moment. Buttons are twisted off, pockets torn out, the coat is turned inside out, the trousers are stuck in the stockings, the ends of the shirt are knotted together, rings made of remnants of yarn or destroyed shirt buttons are forced on to the fingers, cuffs and collars are manufactured from paper. Whatever falls into the hands of the patient, stones, little bits of wood, broken pieces of glass, nails, he collects in order by means of them to scratch walls, furniture, and windows and to cover these in all directions with paintings or writing. Remains of cigars and withered leaves are wrapped in paper and smoked ; scraps of paper are used for writing, nails for filling pipes, and shards for sharpening lead-pencils. Other things found are used for barter in order to obtain small advantages from fellow-patients. Occasionally all sorts of things are stuck in the nose and ears ; the lobes of the ears are pierced with matches or little bits of wire ; ashes and dust are used as snuff ; the beard is partially singed with the cigar.

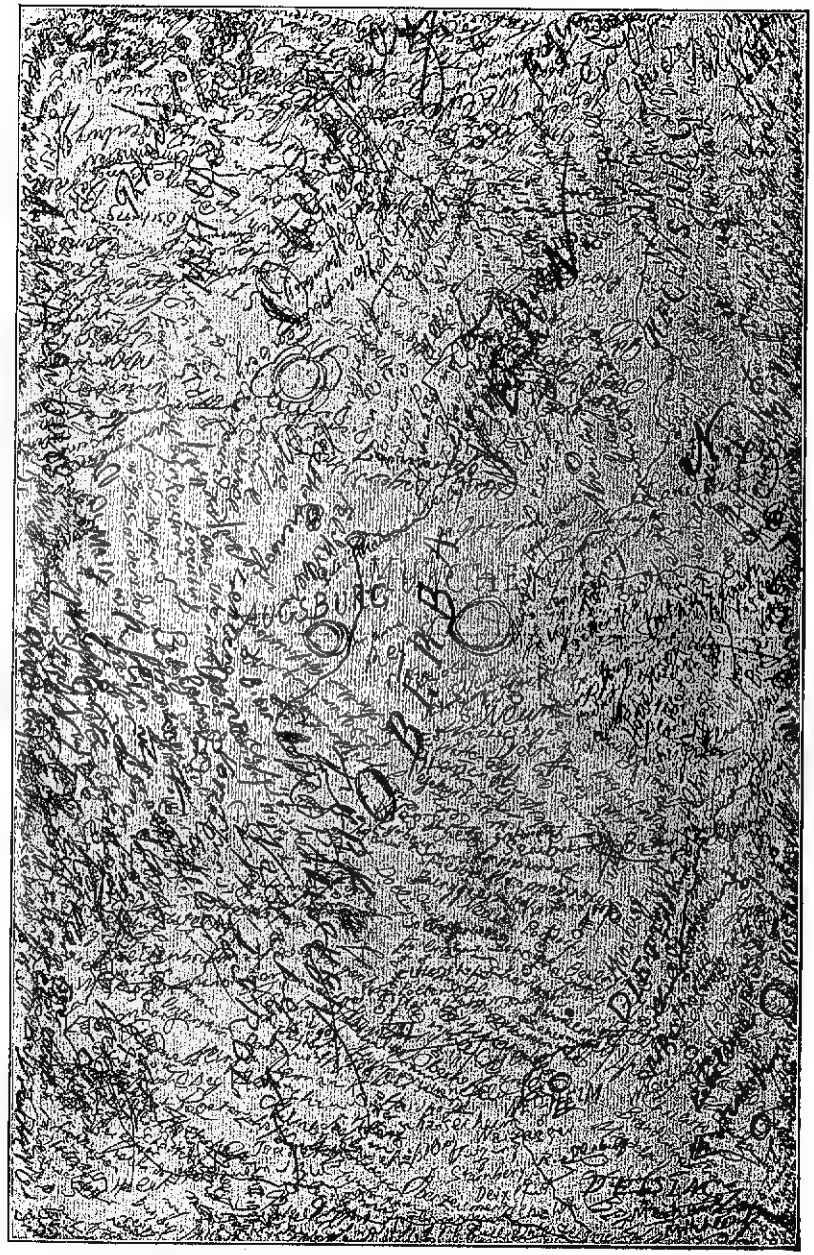
(**Movements of Expression** are for the most part very vivacious.) The patient makes faces, rolls his eyes, assumes theatrical attitudes, stands erect, salutes in military fashion. He usually produces in the shortest interval of time an enormous flood of words with changing intonation, makes jokes, is quick at repartee, swears, scolds, suddenly makes a noise, recites, preaches, mutters to himself, and now and

again screams out loud. He bellows, sings music-hall songs, hymns, often for hours the same, prays, imitates the sounds of animals, calls out hallelujah ; among these are interpolated roaring, whistling, yodeling, shouting, uncontrollable laughter. But at times, even in spite of lively excitement, the patients may be taciturn ; they do not reply to questions or they give short and evasive answers ; they perhaps only make a few expressive gestures and then suddenly break out with the greatest vivacity. Jocular speaking past the subject also occurs now and then, right instead of left, six instead of five. A female patient always repeated the question directed to her ; another persistently replied, " How ? " ; a third, " I don't know that ". Associations with external impressions and rhyming frequently occur in the conversation of the patients. A female patient called out to the physician, " Du bist allerhand—Kraut und Rüben durcheinand ". In more severe excitement the utterances may become quite disconnected as the following notes show :—

" On the most real of all grave—1, 2, 3, and always, always in the greatest of all row—in the pancake—Elsie—by the grace and mercy of God, by all reality might one 17 incomprehensible little graves of thought —taken from the highest of all slender little grave—no Provisor believes that — and always again for a Siegfried or assessor — Professor in an extended—So was it and not otherwise—I can't help it—1, 2, 3 Francisca B. it was—no, that one must no longer of a Professor—a, b, c—in all reality —most real first of all state trumpet . . . "

No thought whatever can be recognised here. Isolated words return ever again in various connections and transformations : " most real of all—highest of all—first of all," " most real—reality," " and always, always—always again," " grave—little graves of thoughts—little grave," " 1, 2, 3," " Professor—Provisor." In " Gedankengrüftchen—schlanken Grüftchen," and in " Provisor—Assessor—Professor," clang-associations may be surmised ; and " 1, 2, 3,"—" a, b, c " linguistic practice due to co-ordination might have been the connecting link.

Many patients develop a veritable passion for *writing*, cover innumerable sheets with very large fantastic calligraphy, the words crossing one another in all directions. An example of this is given in the specimen of writing No. 2, with its confused array of words, which in the most various kinds of calligraphy run pell-mell hither and thither. It shows at the same time in high degree the tendency to endless enumerations, which sometimes appears in the writings of manic patients, in so far as it is a case here of almost only



SPECIMEN OF WRITING 2.—Manic Scribbling.

geographical names. It is remarkable that there are no repetitions as there are in catatonic documents which have a similar appearance. The patients are also very fond of composing poems, letters, petitions to highly placed personages. In these the connection may be completely lost, as in the following fragment of a rather long petition :—

"Rottach Waalberg (Rodel) Lorenz Tarok Katzenjammer Gautsch Handelsrichter abgesägt 2 Grad (Celsius) 5000 Lire Kriegsentschädigung zu bezahlen von Guadagnini für Übernahme (Reich Dein III) schwarz weiss 4/5 Bovril Annaberger Schlüssel gelb 10 Pf. gehisst Chardonnerstag Westnerday unwohl Gallo Hohenzollern Kirche Vikar Bari Sprung Biringer Meisterspringer Zobel Max Arnulf 15. Febbrajo geboren bei Plinio Neapel Appel Sänger I an Paralyse—Analyse—Stolze—Freytag Crispi bei Riva Cavour bei Roosevelt . . ."

Only a few associations dependent partly on meaning, partly on clang, can perhaps be found here : Rottach (beside Tegernsee) — Waalberg (Wallberg) — Rodel," "Gautsch—Handelsrichter (minister ?)—abgesägt," "Chardonnerstag —Westnerday (Wednesday ?)," "Bari—Biringer," "Sprung —Meisterspringer," "Neapel — Appel," "Paralyse — Analyse," "Stolze — Freytag (Stolze — Schrey)," "Crispi—Cavour—Roosevelt," "Plinio—Neapel," "Crispi—Riva—Cavour".

Delusional Mania.

The **Delusions and Hallucinations**, which in the morbid states hitherto described are fugitive or merely indicated, acquire in a series of cases an elaboration which calls to mind paranoid attacks. His surroundings appear to the patient to be changed ; he sees St Augustine, Joseph with the shepherd's crook, the angel Gabriel, apostles, the Kaiser, spirits, God, the Virgin Mary. Statues salute him by nodding ; the moon falls down from the sky ; the trumpets of the day of judgment are sounding. He hears the voice of Jesus, speaks with God and the poor souls, is called by God dear son. There are voices in his ears ; the creaking of the floor, the sound of the bells take on the form of words. The patient has telepathic connection with an aristocratic fiancée, feels the electric current in the walls, feels himself hypnotized ; transference of thought takes place.

The delusions, which forthwith emerge, move very frequently on religious territory. The patient is a prophet, John II, is enlightened by God, is no longer a sinner, is something supernatural ; he fights for Jesus, has to fulfil a divine mission, is a spirit, hides the world-soul in himself, intends to

ascend to heaven, possesses secret power over mentally afflicted people. He preaches in the name of the holy God, will reveal great things to the world, gives commands according to the divine will. Female patients are queen of heaven and of earth, the immaculate conception, female clergyman, mother of the heathen children ; they have a child by God, are going to heaven to the bridegroom of their soul ; Christ has restored their innocence to them. The devil is done away with ; the patient has taken all the suffering of the world on himself ; it is a wonderful world.

Other patients are descended from a royal house, are princes, German and Austrian Emperors, Royal Highness, destined to a higher life ; they possess millions, are to marry a princess, a rich widow. They have already died a thousand times, always come again, can practise magic, can help people by prayer, can make themselves invisible. A patient had "the feeling as if he would get money from somewhere" ; another declared that he was the most distinguished private detective ; a third called himself the "sanitary physician of all the natural sciences and natural medical science" ; a fourth said that he would be the most famous man in Europe ; a fifth stated that he had found a female 193 cm. in height and would get for her 40,000 marks. Female patients boast that they are related to the royal house, are fourfold queens, earthly somnambulists, have a beautiful voice, are going to place the imperial crown on their husband. A female patient declared that she was the Sleeping Beauty, had pricked herself with the spindle, and was now waiting for the Prince. The patients often narrate all sorts of journeys and adventures, secret experiences ; they have encountered men who made assaults ; they were received in the capital with honour. Many patients complain of persecutions, they have been ill-used having been struck with the fist 130 to 150 times ; they are fired at, whipped with rods.

Occasionally the delusions of the patients call to mind those of the paralytic. They possess millions, diamond cups, get a golden crown, have created mountains, built whole cities. A patient wrote that he would offer his fiancée a life such as no princess in the world had. "In Munich I shall build for myself Castle Miramare, in Feldafing the Castle of King Max formerly planned, make Munich the most beautiful city in the world ; I have already designed three hundred magnificent buildings, the most beautiful in the world. I shall construct railways and gain millions by that."

These delusions are produced by the patients sometimes in a theatrical manner, sometimes more in play. Sometimes they are fleeting and changing; but as a rule they are for a considerable time adhered to and defended although with very varying emphasis. The same ideas often appear again in later attacks. The consciousness of the patients appears as a rule to be slightly dulled. They perceive imperfectly, have no complete understanding of what happens in their surroundings, are not clear about time-relations, possibly also make mistakes about individual people. Judgment about their own condition is frequently led astray by hallucinations and delusions. Their mood is cheerful, self-conscious, visionary; a patient "wept tears of joy". But at a time the patients are also pretentious, high-flown and abusive in all keys, or they break out suddenly in passionate weeping.

Excitement is not usually very severe. In their conduct the patients may appear approximately well ordered, but they display a certain restlessness, meddle with everything, sing, versify, preach, and work mischief. They want to buy houses, distribute their money "among distressed children," throw everything into the collecting-box, make speeches from the railway-train, give the benediction in public. A patient declared war on France; others make attempts to cure their fellow-patients, practise enchantment on them by solemn movements of the arms.

Delirious Mania.

A Delirious State fills up the picture in a further group of cases, which is not very large. This state is accompanied by a dreamy and profound clouding of consciousness, and extraordinary and confused hallucinations and delusions. The attack usually begins very suddenly; only sleeplessness, restlessness or anxious moodiness may already be conspicuous one or two days, more rarely a few weeks, beforehand. Consciousness rapidly becomes clouded; the patients become stupefied, confused, bewildered, and completely lose orientation for time and place. Everything appears to them changed; they think that they are in heaven, in Herod's palace, in the "Christchild Hospital." Mistakes are made about the people in their surroundings; their fellow-patients are near relatives; the physician is a Royal Highness, an ecclesiastic, a black devil. A female patient, who in numerous similar attacks always fancied that she was surrounded by historical celebrities, Louis XIV, Cæsar, Elizabeth, called that her "historical delusion".

At the same time numerous hallucinations appear. Something is burning; birds are flying about in the air; angels appear; spirits throw snakes in the face of the patient; shadows come and go on the walls. The patient sees heaven open, full of camels and elephants, the King, his guardian-angel, the Holy Ghost; the devil has assumed the form of the Virgin Mary. The ringing of bells is heard, shooting, the rushing of water, a confused noise; Lucifer is speaking; the voice of God announces to him the day of judgment, redemption from all sins. The patient carries on dialogues with absent people, receives revelations; his thoughts are borne from one voice to another. The coffee smells of dead bodies, his hands as if rotten; in the house there is a smell of burning; the food tastes of goat-flesh or of human flesh, the water of sulphur. His head is very giddy, full of fever-heat. The patients think that they are lifted and thrown into an abyss; they swim with the king in the ocean; everything is falling to pieces round them.

At the same time dreamy, incoherent delusions are developed. A terrible misfortune is coming suddenly; the patient feels the devil in his breast, has had a scuffle with him, prides himself on his strength; he must die, go through terrible struggles; he is going to be poisoned, beheaded, is lost, accursed, rotten, quite alone in the world. Everything is annihilated; God has shot himself; all his relatives have died. He has won the first prize in the lottery, is proclaimed emperor, is the promised hero who is to redeem the world, would like to go with his children to heaven. The millennium has begun; King Ludwig will rise from the dead; the great battle with the Antichrist is being fought.

Mood during this delirium is very changing, sometimes anxiously despairing ("thoughts of death"), timid and lachrymose, distracted, sometimes unrestrainedly merry, erotic or ecstatic, sometimes irritable or unsympathetic and indifferent. At the beginning the patients frequently display the signs of senseless raving mania, dance about, perform peculiar movements, shake their head, throw the bedclothes pell-mell, are destructive, pass their motions under them, smear everything, make impulsive attempts at suicide, take off their clothes. A patient was found completely naked in a public park. Another ran half-clothed into the corridor

and then into the street, in one hand a revolver in the other a crucifix.

The patients do not trouble themselves at all about their surroundings; they do not listen, they give no information, obey no requests, are resistive, strike out. Their linguistic utterances alternate between inarticulate sounds, praying, abusing, entreating, stammering, disconnected talk, in which clang-associations, senseless rhyming, diversion by external impressions, persistence of individual phrases, are recognised. Other patients only display a slight restlessness, whisper flights of ideas to themselves, when addressed look up astonished and without comprehension, obey simple requests, give irrelevant answers, smile, weep, cling to people, suddenly begin to sing a song or scream. A female patient called out abruptly, "I am justice; do not touch me; I am omniscient; away from me!" Waxy flexibility, echolalia, or echopraxis can be demonstrated frequently.

As a rule the state is subject to manifold fluctuations. The patients become at times quite quiet, but at first they are not clear; they remain incapable of thought and confused. They then perhaps complain themselves that they cannot collect their thoughts, are not in their right mind, that everything is mixed, that they have so many thoughts in their head. Often there can be observed repeated change between excitement and stupor. The disappearance of morbid phenomena takes place now and then fairly suddenly, much more often gradually. Frequently there remain for some time isolated delusions or remnants of them, and especially fluctuations of mood, after the excitement and confusion have already disappeared. The patients are at first still distrustful, without insight, discontented, irritable; perhaps also they easily give way to flights of ideas, especially in writing; they are talkative or inaccessible; they force their way out. Little by little the last morbid symptoms disappear. Recollection of the delirious time is mostly rather dim; frequently there even exists almost complete amnesia.

The **Course** of manic attacks is very variable. The commencement is almost always a period of anxious or mournful mood, either marked depression lasting for months or even years, or a prodromal stage of a few days or weeks. Much more rarely and perhaps only when there is frequent repetition, mania begins quite suddenly. A patient became severely maniacal in the cemetery at his daughter's funeral, without any change having been noticed in him before that.

The height of the morbid phenomena is usually reached fairly quickly, occasionally even within a few days. From then onwards the state may just as quickly approach the normal, though that occurs almost only in delirious forms, much more rarely in simple mania, most rarely in hypomania. As a rule, manic excitement is maintained for a considerable time with approximately the same severity, though always with manifold fluctuations. Very frequently there are periods interpolated of mournful moodiness and even passing stupor, a phenomenon which opens the way for the understanding of the mixed forms to be discussed later.

The final quieting down usually appears very gradually after somewhat long duration of the disease, while improvements in the condition become always more distinctly marked. The patients become clearer about their surroundings, more accessible, more attentive, but they still fall very easily into the former flight of ideas. Even when the more violent disorders have already gone into the background, there usually still remains behind for sometime an increased emotional irritability, heightened self-consciousness, as well as a certain restlessness. Sudden outbursts of rage of surprising violence may occur on trifling occasions, even after apparently complete quiet has for long been present, especially in the later attacks with a protracted course. One often sees also manic excitement flare up again if the patients get into unfavourable circumstances or begin to drink.

The **Duration** of manic excitement is also subject to great fluctuations. While occasionally attacks run their course within a few weeks or even a few days, the great majority extend over many months. Attacks of two or three years' duration are very frequent; isolated cases may last considerably longer, for ten years and more. Especially the forms with delusions and moderate excitement, increasing only from time to time, appear readily to run a lingering course; also in hypomanic attacks one will frequently have to reckon with a fairly long duration. Now and then, as already formerly indicated, I have got the impression from the course of the body-weight and the other phenomena, as if it were a case of *several attacks* following close on one another.

Very frequently after the disappearance of manic excitement a more or less marked condition of weakness and despondency appears, which is generally regarded as exhaustion after the severe illness; it is obviously only a case,

however, of the transition to depression peculiar to the disease. The patients are extremely susceptible to fatigue, incapable of any mental or bodily exertion, monosyllabic, dull, irresolute; they reproach themselves with their manic actions, and are anxious about their future. These disorders usually clear up gradually as the body-weight continues to increase.

CHAPTER V.

DEPRESSIVE STATES.

Melancholia Simplex.

The slightest depressive states are characterised by the appearance of a *simple psychic inhibition without hallucinations and without marked delusions.* Thinking is difficult to the patient, a disorder, which he describes in the most varied phrases. He cannot collect his thoughts or pull himself together; his thoughts are as if paralysed, they are immobile. His head feels heavy, quite stupid, as if a board were pushed in front of it, everything is confused. He is no longer able to perceive, or to follow the train of thought of a book or a conversation, he feels weary, enervated, inattentive, inwardly empty; he has no memory, he has no longer command of knowledge formerly familiar to him, he must consider a long time about simple things, he calculates wrongly, makes contradictory statements, does not find words, cannot construct sentences correctly. At the same time complaints are heard that the patient must meditate so much, that fresh thoughts are always coming to him, that he has too much in his head, that he finds no rest, is confused.

The patients frequently describe that change of their inward state, which is usually called "depersonalisation." Their presentations lack sensuous colouring. The impressions of the external world appear strange, as though from a great distance, awake no response in them; their own body feels as if not belonging to them; their features stare quite changed from the mirror; their voice sounds leaden. Thinking and acting go on without the co-operation of the patient; he appears to himself to be an automatic machine. Heilbronner has pointed out that Goethe has described similar disorders in Werther, when he says:—

"O, when this glorious nature lies before me so rigid, like a little varnished picture, and all the joy of it cannot pump a drop of bliss from my heart up to my brain," and "I stand as though in front of a cabinet of curiosities, and I see little men and little horses moving about in front of me, and I often ask myself whether it is not an optical delusion. I play with them, or rather I am played like a marionette, and I sometimes take hold of my neighbour by his wooden hand and start back shuddering."

Mood is sometimes dominated by a profound inward dejection and gloomy hopelessness, sometimes more by indefinite anxiety and restlessness. The patient's heart is heavy, nothing can permanently rouse his interest, nothing gives him pleasure. He has no longer any humour or any religious feeling,—he is unsatisfied with himself, has become indifferent to his relatives and to whatever he formerly liked best. Gloomy thoughts arise, his past and even his future appear to him in a uniformly dim light. He feels that he is worth nothing, neither physically nor mentally, he is no longer of any use, appears to himself "like a murderer". His life has been a blunder, he is not suited for his calling, wants to take up a new occupation, should have arranged his life differently, should have pulled himself together more. "I have always given advice, and then things have gone wrong," said a patient.

He feels solitary, indescribably unhappy, as "a creature disinherited of fate"; he is sceptical about God, and with a certain dull submission, which shuts out every comfort and every gleam of light, he drags himself with difficulty from one day to another. Everything has become disagreeable to him; everything wearies him, company, music, travel, his professional work. Everywhere he sees only the dark side and difficulties; the people round him are not so good and unselfish as he had thought; one disappointment and disillusionment follows another. Life appears to him aimless, he thinks that he is superfluous in the world, he cannot restrain himself any longer, the thought occurs to him to take his life without his knowing why. He has a feeling as if something had cracked in him, he fears that he may become crazy, insane, paralytic, the end is coming near. Others have the impression as though something terrible had happened, something is rising in their breast, everything trembles in them, they have nothing good to expect, something is happening.

Imperative Ideas of all kinds occasionally emerge in these states, agoraphobia, mysophobia, the fear of having been pricked by a splinter and having to die of blood-poisoning, the fear of having vicious or "unclean" thoughts, the idea of throwing people into water, the fear of having stolen bread or money, of having removed landmarks, of having committed all the crimes mentioned in the newspapers. A patient was tormented by the idea of having murdered people with his thoughts, and of having been guilty

of the death of King Ludwig. A female patient, who in a former attack had thought that she was an empress with a court of dogs and cats, made convulsive efforts to get rid of the word empress which always forced itself upon her, the effort consisting in rubbing her teeth rhythmically with her hand. Another was very greatly tormented by being compelled to connect obscene sexual ideas with religious representations (crucifixes). A third patient wrote the following in a note :—

"It is really so, that I have now become unclean with what I always played with; from negligence and clumsiness I often do not now go at the right time to the closet and I pass something into my chemise, into my bed, and into my clothes, and, as I always put on the clothes again, it so happens that the petticoat is drawn on over the night-jacket, something on there and on to my head, from the petticoat on to the bodice, on to the hair and so on."

She was afraid also that something would fall out of her nose into a book; she often destroyed things supposed to be dirty; she would not sit down on a chair or give her hand in order not to soil anything. All these ideas she herself called "on-goings," in order to make herself interesting. The fear of knives, with the idea of being obliged to kill someone, occurs occasionally also. A patient went to bed in order not to do anything of that kind. One of my patients impulsively stole all sorts of things which had no value for herself and of which she made no further use. She stated that she could not help it, it was an impulse, just as if she had been thirsty, she was uneasy if she did not yield to it. Gross by means of "psychoanalysis" has arrived at the result here, that the theft-impulse, being forced to do secretly what is forbidden, to take "something secretly into the hand," signifies a transference of sexual desires unsatisfied by the impotent lover, which has been further influenced by the question of a priest at confession whether she herself had introduced the organ in sexual intercourse. On other grounds also we may perhaps regard these imperative fears and impulses as the expression of a certain relationship between manic-depressive insanity and the insanity of degeneration.

The **Total Absence of Energy** is very specially conspicuous. The patient lacks spirit and will-power, like a wheel on a car, which simply runs but in itself has no movement or driving power. He cannot rouse himself, cannot come to any decision, cannot work any longer, does everything the wrong way about, he has to force himself to everything, does not know what to do. A patient declared that he

did not know what he wanted, went from one thing to another. The smallest bit of work costs him an unheard-of effort; even the most everyday arrangements, household work, getting up in the morning, dressing, washing, are only accomplished with the greatest difficulty and in the end indeed are left undone. Work, visits, important letters, business affairs are like a mountain in front of the patient and are just left, because he does not find the power to overcome the opposing inhibitions. If he takes a walk, he remains standing at the house door or at the nearest corner, undecided as to what direction he shall take; he is afraid of every person whom he meets, of every conversation; he becomes shy and retiring, because he cannot any longer look at any one or go among people.

Everything new appears uncomfortable and unbearable. One of my patients insisted on leaving a post which he had been very anxious to get, but he was alarmed at the removal to a new residence, and importuned the authorities with contradictory requests, as his new position immediately appeared to him much worse than the former one. Finally the patient gives up every activity, sits all day long doing nothing with his hands in his lap, brooding to himself in utter dulness. His sorrowful features show no play of emotion; the scanty linguistic utterances are laboured, low, monotonous and monosyllabic, and even the addition of a simple greeting on a postcard is not attainable or only after much urging.

Sometimes a veritable passion for lying in bed is developed; the patients ever again promise to rise to-morrow, but have always new excuses to remain in bed. Just because of this severe volitional disorder it relatively seldom comes to more serious attempts at suicide, although the wish to die very frequently occurs. It is only when with the disappearance of inhibition energy returns while the depression still continues, that the attempts at suicide become more frequent and more dangerous. A patient with very slight moodiness hanged himself a few days before his discharge on a free pass when he already appeared quite cheerful.

Insight.—Sense and orientation are in spite of the great difficulty in perception and thinking completely retained. Generally a very vivid morbid feeling also exists, not infrequently even a certain morbid insight, in as far as the patients express their regret for former improprieties, and their fear lest they might again let themselves be carried away by excitement. Others, however, think that they are not ill,

only destitute of will-power, that they could indeed pull themselves together, only will not; that they are simulating. Frequently the return of moodiness is connected with external accidents, unpleasant experiences, changes in circumstances and such things. To the unprejudiced observer it is clear that the psychic working of those influences has been produced by the morbid clouding of disposition. A good picture of the thinking and feeling of such patients is given in the following letter:—

"Louisa, the whole truth! It is all a squandering of money. I dare not go home, I dare not stay here; shut me up in a cell and give me only bread and milk; I am no longer ill; they will not believe me; I am loathsome to myself and wholly weary of life, I may not further be a burden to good people. I cannot write any more to my children, because I cannot say to them, that they are no interest to me; I am a horror and am hounded by furies, the longer I am here, the wilder. You saw my lifeless expression, Louisa; you are a human being—have human compassion with me. Give me only so much—to cover my nakedness; everything else is torment to me. Life itself is a frightful torment; I must go to a house of correction; I must be forced to work. Here I cannot work, because anxiety worries me about my condition. No medicine takes effect, because anxiety consumes me. Here I had to pull myself together under such strict control, but life is extinguished—how shall I manage among strangers, as I cannot keep my things in order? I go about with worn-out boots and cannot provide myself with new; money does not help me. My life is comfortless and only bearable so long as I am complaining of my distress. Then I hope for help. You will despise me instead of your former love. Louisa, don't speak further of my misery."

The deep depression, the feeling of inward desolation and indifference, the irresolution, the delusion of sin, the weariness of life, lastly, the slight hope of help, appear distinctly here.

Stupor.

In the highest grades the psychic inhibition described may go on to the development of marked stupor. The patients are deeply apathetic, are no longer able to perceive the impressions of the surroundings and to assimilate them, do not understand questions, have no conception of their position. A female patient who was made to leave her bed and go into the one beside it, said quite without understanding, "That is too complicated for me." Occasionally, it can be recognized that the inhibition of thought is slighter than the volitional disorder. A patient was able to give the result of complicated problems in arithmetic in the same time, certainly considerably prolonged, as that of the simplest addition.

Sometimes the occasional, detached utterances of the patients contain indications of confused, delusional ideas,

that they are quite away from the world, have a crack through the brain, are being sold; down below there is an uproar. A definite affect is at the same time mostly not recognisable, yet in the astonished expression of the patients their helplessness in regard to their own perceptions, and further a certain anxious feeling of insecurity on attempting anything can usually be seen.

Volitional utterances are extremely scanty. As a rule, the patients lie mute in bed, give no answer of any sort, at most withdraw themselves timidly from approaches, but often do not defend themselves from pinpricks. Sometimes they display catalepsy and lack of will-power, sometimes aimless resistance to external interference. They sit helpless before their food; perhaps, however, they let themselves be spoon-fed without making any difficulty. They hold fast what is pressed into their hand, turn it slowly about without knowing how to get rid of it. They are, therefore, wholly unable to care for their bodily needs, and not infrequently they become dirty. Now and then periods of excitement may be interpolated. The patients get out of bed, break out in confused abuse, sing a folk-song. Of the peculiarly strained, disturbed expression of such patients, Figs. 17 and 18 give a good idea. After the return of consciousness, which usually appears rather abruptly, memory is very much clouded and often quite extinguished.

FIG. 17.—Depressive Stupor.

MELANCHOLIA GRAVIS.

The picture of simple depression corresponding perhaps to the former "*melancholia simplex*," experiences very varied elaboration through the development of hallucinations and delusions, which frequently follows; one might here perhaps speak of a "*melancholia gravis*." The patients see figures, spirits, the corpses of their relatives; something is falsely represented to them, "all sorts of devil's work." Green rags fall from the walls; a coloured spot on the wall is a snapping mouth which bites the heads off children; everything looks black. The patients hear abusive language ("lazy pig," "wicked creature," "deceiver," "you are guilty, you are guilty"), voices, which invite them to suicide; they feel sand, sulphur vapour in their mouth, electric currents in the walls. A patient, who

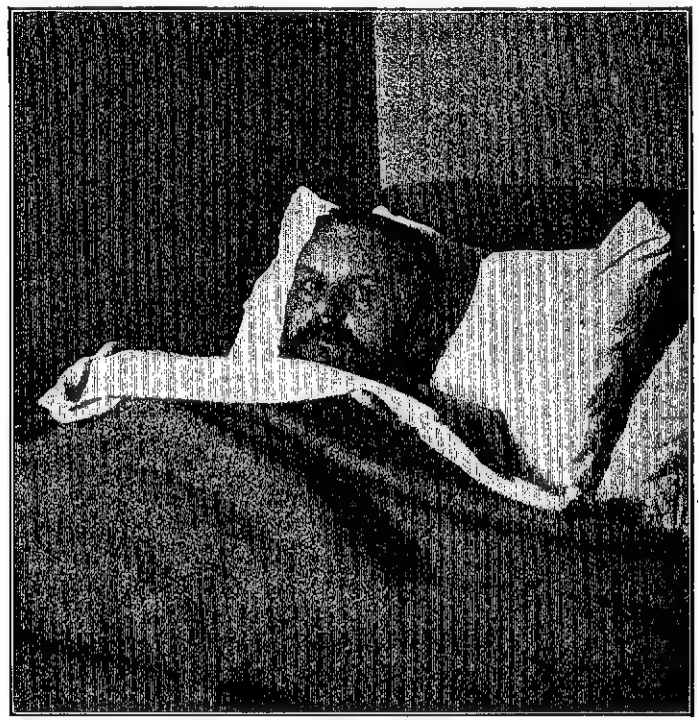


FIG. 18.—Depressive Stupor.

reproached himself with having had connection with a cow, felt a cow's tail flicking his face.

(**Ideas of Sin** usually play the largest part.) The patient has been from youth up the most wicked being, an abomination, filled with malice, has led a horrible life, as far as possible has let others do his work, has not put his full strength into his calling, has sworn falsely in taking the military oath, has defrauded the sick fund. He has offended everyone, has borne false witness, has overreached some one

in making a purchase, has sinned against the seventh commandment. He cannot work any more, has no more feeling, no more tears; he is so rough; something is lacking in his disposition. Frequently the self-accusations are connected with harmless occurrences which have often happened long before. The patient, when a child, communicated unworthily, did not obey his mother, told a lie before he was twelve years old. He has not paid for his beer and on this account will be imprisoned for ten years. A patient, fifty-nine years of age, alleged that as a boy he had stolen "apples and nuts," and "played with the genitals" of a cow. Conscience is roused. "Certainly it would have been better, if it had been roused sooner," he said in answer to the objection that up till then he had not been troubled about the supposed sin. Others have once turned away a beggar unkindly, have skimmed the cream from the milk. By renting a house, by undertaking some building, by a thoughtless purchase, a suicidal attempt, they have brought their family to misery; they should not have entered the institution; then it would all have come differently. Female patients have put too much water into the milk of their dead children, have not brought up their boys well, have neglected them in religion, have procured the abortion of a child, have not had patience in their confinements, have not kept their house properly; they do not put things in order, they are lazy. A female patient, because of this, would not stay in bed. When it was represented to another that it was a delusion, she replied, "It is only conscience; when I was at school it once came like this." Obviously she was speaking of a former depression.

The domain of *religion* is a peculiarly favourable soil for self-accusation. The patient is a great sinner, cannot pray any more, has forgotten the ten commandments, the creed, the benediction, has lost eternal bliss, has committed the sin against the Holy Ghost, has trafficked in divine things, has not offered enough candles. He has apostatized from God, is gripped firmly by Satan, must do penance. The spirit of God has left him; he feels that he dare not enter church any more. He is going to Hell, has only two hours to live; then the devil will fetch him; he must enter eternity with transgression, and redeem poor souls.

The following extract from a letter of a married peasant woman to her sister affords a glimpse into the spiritual state of such patients :—

"I wish to inform you that I have received the cake. Many thanks, but I am not worthy. You sent it on the anniversary of my child's death, for I am not worthy of my birthday; I must weep myself to death; I cannot live and I cannot die, because I have failed so much, I shall bring my husband and children to hell. We are all lost; we won't see each other any more; I shall go to the convict prison and my two girls as well, if they do not make away with themselves, because they were borne in my body. If I had only remained single! I shall bring all my children into damnation, five children! Not far enough cut in my throat, nothing but unworthy confessions and communion; I have fallen and it never in my life occurred to me; I am to blame that my husband died and many others. God caused the fire in our village on my account; I shall bring many people into the institution. My good, honest John was so pious and has to take his life; he got nineteen marks on Low Sunday, and at the age of nineteen his life came to an end. My two girls are there, no father, no mother, no brother, and no one will take them because of their wicked mother. God puts everything into my mind; I can write to you a whole sheet full of nothing but significance; you have not seen it, what signs it has made. I have heard that we need nothing more, we are lost."

Besides the marked ideas of sin there is to be noted the delusional conviction, that her husband is dead and her son must take his life, but especially the tendency to find "signs" and "significance," which God sends (nineteen marks and nineteen years), the regret about the failure of an attempt at suicide by cutting her throat, lastly, the remark that her many sins have only now occurred to the patient.

His present activities also frequently give the patient the opportunity for continual self-reproach. He notices that he always commits fresh faults, talks at random so stupidly, says things which he does not wish to say, offends everyone. "What I do, is the wrong way about; I must always retract everything that I say," said a patient. He causes so much trouble, is to blame that the others are so distressed, that they are being taken away. "I have probably done all this," said a patient. He has brought in all his fellow-patients, must care for them all, is responsible for them, complains that he is really not able to feed the others, to do the work of the head-waiter, to pay for them all. Everyone must go hungry when he eats. A patient reported as follows about his "offences against the doctors" :—

"The patient F. is very often vexed with himself when at the visit of the physicians he does not greet relatively thank in a more friendly way, he very often says: "I have the honour," which expression may be misinterpreted. The better and more usual responses to greetings, as "Good morning," and expressions of gratitude, as "Many thanks for the kind visit," are often omitted. Then the patient must take offence at his position, that is the position and attitude of his body. Very often he does not assume the requisite demeanour towards such highly placed gentlemen. Just made another offence; I have omitted to rise from my seat when the chief physician went past. At the washstand I omitted to show a boy how to fill the basin. He of course might have asked me. But those who were

near will certainly have blamed my conduct and not the boy's. Once I omitted to hand the water to a patient, when he asked for it. It is true that he did not apply directly to me; he only called into the room; others were much nearer to him, but it would have been my duty to fulfil his request at once."

Ideas of Persecution frequently exist in the closest connection with the delusion of sin. Disgrace and scorn await the patient everywhere; he is dishonourable, cannot let himself be seen anywhere any more. People look at him, put their heads together, clear their throats, spit in front of him. They disapprove of his presence, feel it as an insult, cannot tolerate him any longer among them; he is a thorn in the side to all. Speeches in the club have reference to him; there is secret talking of stories about females; he is a bully, should hang himself, because he has no character. Everywhere he notices signs. The writer of the letter quoted above said that her twisted knot of hair signified that her husband had hanged himself, the scarfs of her fellow-patients that her children were drowned at home. A patient concluded from the remark, "Still waters run deep," that he should drown himself. The patient therefore asks for an explanation; he did not know that such was his state. "What is being done with me?" he asks anxiously. Things are so put before him as if every step in his life had been wrong. He defends himself, therefore, in despair against the supposed accusations and declares his innocence. But I have not done anything wrong, have stolen nothing, have not betrayed my country, such patients are heard to lament. They are afraid that on the death of a relative they may be suspected of poisoning ("Has poison been found?"), that they may be called to account for lese-majesty, or for a planned assault.

Everywhere danger threatens the patient. The girls read his letters; strange people are in the house; a suspicious motor-car drives past. People mock him, are going to thrash him, to chase him from his post in a shameful way, incarcerate him, bring him to justice, expose him publicly, deport him, take his orders from him, throw him into the fire, drown him. The people are already standing outside; the bill of indictment is already written; the scaffold is being put up; he must wander about naked and miserable, is quite forsaken, is shut out of human society, is lost body and soul. His relatives also are being tortured, must suffer; "I do hope they are still at home." His family is imprisoned; his wife has drowned herself; his parents are murdered; his daughter

wanders about in the snow without any clothes on. Everything goes the wrong way; the household is going to ruin; there is nothing more there but rags; the clothes have been changed at the laundry. Things have been pawned; the money is not sufficient, is false; everything costs too much; everyone must starve. A woman said that her husband did not like her any longer; he wanted to kill her. Others release their husband, invite him to get a divorce.

His bodily state also appears to the patient to be frequently in a very dangerous condition, which may be connected with the dysæsthesiæ formerly described. He is incurably ill, half-dead, no longer a right human being, has lung-disease, a tapeworm, cancer in his throat, cannot swallow, does not retain his food, passes such thin and such frequent stools. Face and figure have changed; there is no longer blood in his brain; he does not see any longer, must become crazy, remain his whole lifetime in the institution, die, has already died. He has become impotent by onanism, has had a chancre from birth, has incurable blood-poisoning, infects everyone, he must not be touched. On this account a woman no longer had the bread baked in the house. The people in his surroundings become ill and yellow through the nasty exhalation of the patient, are already mentally disordered and weary of life. Female patients feel themselves pregnant, have been sexually ill used. Such a patient with a deeply troubled expression is represented in Fig. 19.

Fig. 19.—Depression.

Paranoid Melancholia.

When ideas of persecution and hallucinations of hearing are frequently present and sense remains preserved, morbid states may occasionally arise, which readily call to mind alcoholic insanity, without alcohol having any causal

significance ("paranoid melancholia"). The patients feel themselves watched, are pursued by spies and threatened by masked murderers; they catch sight of a dagger in their neighbour's hand. On the street, in the restaurant from the neighbouring table, they hear isolated remarks about themselves. In the next room a court of justice is deliberating on their case; intriguing is going on; experiments are made on them; they are threatened with secret words and with suspicious gestures. Delusional mistakes are made about people. One of my patients tried to escape from his persecutors by taking a journey, but noticed already in the station that they were accompanying him, and he walked only in the middle of the street because the voices threatened him with shooting as soon as he turned aside either to the right or to the left.

In the course of the forms here described consciousness is mostly clear, and sense and orientation are preserved. The patients perceive correctly the conversations and occurrences in their surroundings and then frequently misinterpret them in a delusional way. They think perhaps that they are not in the proper institution with proper physicians, but in the convict prison, that fellow-patients are acquaintances or members of their family; they address the physician as if he were the public prosecutor; their letters are falsified; what is said in the surroundings has a hidden meaning. Their train of thought is orderly and connected, although mostly very monotonous; the patients always move in the same circle of ideas; on an attempt being made to divert them, they return again immediately to the old track. All mental activity is as a rule made difficult. The patients are absent-minded, forgetful, are easily tired, progress slowly or not at all, and at the same time are sometimes most painfully precise in details. Often a certain morbid feeling exists. The head is darkened; the patient speaks of his chimeras; "I have something just like a mental disorder"; "understanding, reason, and the five senses are lacking." There is no question, however, of genuine morbid insight. Even if his attention is called to earlier similar attacks of which the patient had formed a correct opinion, it makes no impression on him. At that time everything was still quite different; now things are much worse; now every possibility of being saved is excluded.

Mood is gloomy, despondent, despairing. By persuasion or visits from relatives it may usually be somewhat

influenced; sometimes on such an occasion lively excitement follows. On the other hand unpleasant news often makes little impression. What happens in the surroundings also usually affects the patients only slightly. "The noise does not annoy me, but the unrest in myself," said a female patient, when it was proposed that she should be transferred to another part of the building on account of the disturbing surroundings. The patients very frequently complain about the great inward excitement in spite of outwardly quiet behaviour; they may then give vent to it at times in violent outbursts of anxiety. Not infrequently it takes the form of an unquenchable home-sickness which drives the patients perpetually to try to get away, deaf to all reason. If one gives in to this, their state of mind deteriorates rapidly at home, as a rule. Many patients in regard to their delusions appear remarkably dull and indifferent, occasionally also perhaps good-humoured and even cheerful.

In the **Activities** of the patients their *volitional inhibition* on the one hand makes itself felt, on the other the influence of their *delusions* and *moods*. They feel tired, in need of rest, are no longer able to take care of themselves, neglect themselves, spend no more money, take no nourishment, wear very shabby clothes, refuse to sign the receipt for their salary, as indeed they have not done any work. They shut themselves up, go to bed, lie there rigidly with a troubled expression in a constrained attitude, sometimes with closed eyes, or sit timidly on the edge of the bed, because they do not venture to lie down. Indications of automatic obedience are not rare. In other patients anxious restlessness is predominant. They run off in a shirt, remain for days in the forest, beg for forgiveness, entreat for mercy, kneel, pray, pluck at their clothes, arrange their hair, rub their hands restlessly, give utterance to inarticulate cries. Their utterances are, as a rule, monosyllabic; it is very difficult to get anything out of them. They do not give information on their own initative, are immediately silent again, but, at the same time, occasionally display in their writings a fluent and skilful diction. Speech is mostly low, monotonous, hesitating and even stuttering. Calligraphy is often indistinct and sprawling. There are also occasional omissions and doubling of letters.

Suicide.—The extraordinarily strong tendency to suicide is of the greatest practical significance. Sometimes it continually accompanies the whole course of the disease, without

coming to a serious attempt owing to the incapacity of the patients to arrive at a decision. The patient buys a revolver, carries it about with him, brings it with him to the institution. He would like to die, begs that he may be beheaded, that he may be provided with poison; he ties a scarf round his neck, goes to the forest to search for a tree on which to hang himself; he scratches his wrist with his pocket-knife or strikes his head against the corner of the table. One of my female patients bought strychnine wheat and phosphorus paste, but luckily only took the first, because the phosphorus "smelt too filthy." Another stepped on to the window-sill in the second storey in order to throw herself down, but returned to the room, when a policeman, who by chance was passing, threatened her with his finger.

Nevertheless the danger of suicide is in all circumstances extremely serious, as the volitional inhibition may disappear abruptly or be interrupted by violent emotion. Sometimes the impulse to suicide emerges very suddenly without the patients being able to explain the motives to themselves. One of my female patients was occupied with household work, when the impulse came to her quite abruptly to hang herself; she at once did so and was only saved with difficulty. Subsequently she was not able to give any explanation of her deed, and had only a dim recollection of the whole occurrence.

Occasionally after indefinite prodromata the first distinct morbid symptom is a suicidal attempt. Only too often the patients know how to conceal their suicidal intentions behind an apparently cheerful behaviour, and then carefully prepare for the execution of their intention at a suitable moment. The possibilities at their command are numerous. They may, while deceiving the vigilance of the people round them, drown themselves in the bath, hang themselves on the latch of the door, or on any projecting corner in the water-closet, indeed even strangle themselves in bed under the cover with a handkerchief or strips of linen. They may swallow needles, nails, bits of broken glass, even spoons, drink up any medicine, save up sleeping-powder and take it all at one time, throw themselves downstairs, smash their skull with a heavy object and so on. A female patient by sticking in pieces of paper managed to prevent the upper part of a window, where there was no grating, being properly shut, and then threw herself down from the second storey in an unwatched moment. Another who was shortly to have been discharged,

was alone for a few minutes in the scullery; she took a little bottle of spirit and a match from the cupboard, which had been left open through negligence, and having poured the spirit over herself set herself on fire. Not at all infrequently the idea occurs to the patients to do away with the family also, because it would be better if none of them were alive. They then try to strangle their wife, to cut their children's throats, they go with them into the water, in order that they may not also be so unhappy, that they may not get stepparents.

Fantastic Melancholia.

A further, fairly comprehensive group of cases is distinguished by a still greater development of *delusions*. We may perhaps call it "fantastic melancholia." Abundant *hallucinations* appear. The patients see evil spirits, death, heads of animals, smoke in the house, black men on the roofs, crowds of monsters, lions' cubs, a grey head with sharp teeth, angels, saints, dead relatives, the Trinity in the firmament, a head rising in the air. Especially at night extraordinary things happen. A dead friend sits on the pillow and tells the patient stories. The patient thinks that he is on a voyage; God stands beside the bed and writes down everything; the devil lies in wait behind the bed; Satan and the Virgin Mary come up out of the floor. God speaks in words of thunder; the devil speaks in church; something is moving in the wall. The patient hears his tortured relatives screaming and lamenting; the birds whistle his name; call out that he should be taken up. "There's a black one, a sozi," it is said, "a vagabond," "Do away with him, do away with him," "Look, that's the masturbator," "Now she's coming, now there'll be blood again," "Now we've caught her nicely," "You have nothing more," "You're going to hell." A woman is standing at the door and is giving information to the persecutors; there is a voice in his stomach, "You must still wait a long time till you are arrested; you are going to purgatory when the bells ring." The patient is electrified by the telephone, is illuminated at night by Röntgen-rays, pulled along by his hair; someone is lying in his bed; his food tastes of soapy water or excrement, of corpses and mildew.

Besides those genuine hallucinations there are also multifarious delusional interpretations of real perceptions. The patient hears murderers come; some one is slinking about

the bed; a man is lying under the bed with a loaded gun; an electro-magnet crackles. People with green hats or black spectacles follow him on the street; in the opposite house someone is bowing conspicuously; the motor-cars are making a very peculiar noise; in the next room knives are being sharpened; the conversations on the telephone refer to him. Plays in the theatre, the serial story in the newspaper, are occupied with him; there is gross abuse written on a post-card; a female patient found her hat portrayed in a fashion paper for mockery. There is a great deal of talk, another said, and she imagined that it refererd to her. (What is said in the surroundings has a hidden meaning.) Another one asserted that the physicians spoke a "universal language," in which they expressed all thoughts in a quite different form not understood by her. (The most extraordinary conclusions are drawn from every perception) ravens flying signify that the daughter is being cut to pieces in the cellar; the son when he made his visit was wearing a black tie, so the youngest child must be dead. (Everything is "so fateful," comedy and illusion.) "Everything simulates, everything is talmi-gold," said a patient. The food is flesh and blood of their own relatives, the light is a funeral-light, the bed is an enchanted bed, the clattering cart outside is a hearse. It is quite another world, not the right town, quite another century. The clocks strike wrong; the letters are as if from strangers; the mortgages are exchanged; the savings-bank book is not valid. The trees in the forest, the rocks, appear unnatural, as if they were artificial, as if they had been built up specially for the patient, in fact, even the sun, the moon, the weather, are not as they used to be. One of my patients thought that the sun was artificial electric illumination, and he complained about the weakness of his eyes because he could not see the real sun (in the night).

The people, who visit the patient, are not the right people, are only false show. The physicians are only "figures"; he thinks that he is surrounded "by elemental spirits"; the children appear changed. The nurse is a disguised empress; a fellow patient (female) thinks that the patient (also female) is her husband; the attendants have false names. The wife is a witch, the child is a wild cat, a dog. A patient noticed that her husband looked black, and on this account attacked him with a bottle.

(The numerous delusions are very extraordinary.) The patient has committed mortal sins, has caused a derailment,

has killed many people, has brought on himself a primeval sin, has murdered many souls; he has forged documents, been a legacy hunter, caused an epidemic. Because of sins of his youth he is in detention; he has committed bestiality; he is poisoning the whole world by his onanism. He has torn down the firmament, drunk up the fountain of grace, tormented the Trinity; cities and countries are on his account laid waste. The other patients are there by his fault, are beheaded on his account; every time that he eats or turns round in bed, someone is executed; the devil's mill is working over there; they are being killed there, Female patients have committed abortion, have been extravagant, have not been good housewives, must be the devil's whore.

Because he is to blame for all misfortune, the patient is going to hell. The devil slipped down the chimney to take him away, has him by the nape of the neck, sits in his bosom as a black beast with sharp claws, speaks in his heart; he himself is changed into the devil; neither will his dead son come into heaven. His baseness is revealed in his expression; everyone knows of his crime. No one likes him any longer; he is surrounded by spies, is watched by the police, is continually followed by suspicious people; detectives wait for him; the judge is already there. He is dragged off to Siberia, to the convict prison; he is being electrocuted, stabbed, shot, is having petroleum poured over him, is being tied to a corpse, run over by the motor car, hacked to pieces, cut up into a thousand bits, flayed, devoured by mice; naked in the wild forest he is being torn to pieces by wolves. His fingers are being chopped off, his eyes dug out, his sexual parts, his entrails cut off, his nails torn out; women have their womb drawn out. The last judgment is coming; the vengeance of God is at hand. To-day is the death-day, the last meal before execution; the bed is a scaffold; the patient wishes to confess once more. Over his family also misfortune is poured out. His relatives are crucified by the mob; his daughter is in the convict prison; his son-in-law has hanged himself; parents and brothers and sisters are dead, his children are burned up. The husbands of female patients have been murdered. The sister was cut to pieces, sent away in a box; the son's corpse was sold for dissection,

At home the patient is teased by everyone, regarded as a fool, cheated; people have no respect for him, spit in his face; the servants take everything from him with their finger tips, because they think that he is syphilitic. All are

in alliance together and vent their anger on him ; many dogs are the death of the hare. The telephone conversations were listened to ; the house was searched ; the things sent to the laundry were lost ; false keys were found on the ring ; at night the children were rendered insensible by gas. The patient is surrounded by an international gang of robbers ; his house is going to be blown up into the air. People knew his career and his thoughts. At night he is sent to sleep, taken away and made to carry out practical jokes, for which he is later held responsible. A female patient aged sixty-five complained of improper assaults, thought that she had been brought to a house of ill-fame and was pregnant. Another of the same age fancied that she was exposed to the persecutions of old bachelors, who lay down beside her in bed. A young girl asked if she would get a child. A woman forty-eight years of age declared that she was pregnant and that she had impregnated herself. An elderly man thought that he was dragged about every night in brothels and there infected with syphilis. " I am here again," said a female patient everytime she was visited, as she thought that she was always being taken away each hour to a different place.

Hypochondriacal delusions usually reach a considerable development ; they often completely resemble those of the paralytic. In the patient everything is dead, rotten, burnt, petrified, hollow ; there is a kind of putrefaction in him. He has syphilis of the fourth stage ; his breath is poisonous ; he has infected his children, the whole town. His head is changing in shape, is as large as Palestine ; his hands and feet are no longer as they were ; the bones have become thicker, have slipped lower down ; all his limbs are out of joint ; his body is no longer compact ; it stretches out and is shrivelled up. In his skull there is filth ; his brain is melting ; the devil has displaced it backwards by a discharge of blood. His heart no longer cooks any blood, is a dead piece of flesh ; his blood-vessels are dried up, filled with poison ; no circulation goes on any longer ; the juices are gone. Everything is closed ; in his throat a bone is sticking, a stone ; stomach and bowel are no longer there. There is a worm in his body, a hairy animal in his stomach ; his food falls down between his intestines into his scrotum ; neither urine nor fæces are passed ; his entrails are corroded. His testicles are crushed, have disappeared ; his genitals are becoming smaller. His mucous glands have risen up ; his life is lacerated ; rolling about is going on at the navel. There is

a hole in his nose ; there is pus in his jaw, in all his limbs, and it passes away in great quantity with his motions and with hawking ; his palate stinks. His skin is too narrow over the shoulders ; worms are lying under it and are creeping about. A patient declared that for eleven years he had been a spirit, and had only the internal organs left ; when some one died, death passed through him and took away his entrails ; he still had the scar. A female patient asserted that there was iron in her and the bedstead attracted her. Another said that she would get a child with a cat's head. Many patients believe that they are bewitched inwardly, changed into a wild animal, that they must bark, howl and rage. Others cannot sit, cannot eat, cannot go a step, or give their hand.

The ideas of *annihilation*, already frequently indicated in the foregoing pages, may experience a further, wholly nonsensical elaboration. The patient has no longer a name, a home, is not born, does not belong at all to the world any more, is no longer a human being, is no longer here, is a spirit, an abortion, a picture, a ghost, " just only a sort of shape." He cannot live and he cannot die ; he must hover about so, remain in the world eternally, is as old as the world, has been already a hundred years here. If he is beaten with an axe on his head, if his breast is cut open, if he is thrown into the fire, he still cannot be killed. " I cannot be buried any more," said a patient, " when I sit down on the weighing-machine, it shows zero ! " The world has perished ; there are no longer railways, towns, money, beds, doctors ; the sea runs out. All human beings are dead, " poisoned with antitoxic serium," burned, dead of starvation, because there is nothing more to eat, because the patient has stuffed everything down into his enormous stomach, and has drunk the water-pipes empty. No one eats or sleeps any more ; the patient is the only being of flesh and blood, is alone in the world. A female patient declared that there was no blood in her internal organs, therefore the electric light caught fire from her, so that the whole human race and the firmament were consumed. Another thought that a thunderstorm would destroy the whole world.

Consciousness is in this form frequently somewhat clouded. The patients perceive badly, do not understand what goes on, are not able to form clear ideas. They complain that they cannot lay hold of any proper thought, that they are beastly " stupid," confused in their head, do not find their way, also perhaps that they have so many thoughts

in their head, that everything goes pell-mell. Many patients say that they have been made confused by medicines and much eating, that they have been hypnotized, that they continually talk nonsense, must profess sometimes one thing, sometimes another, that they have become crazy. But at the same time, when their delusions come into play, they are incapable of recognising the grossest contradictions or of correcting them; they assert that they cannot take a bite more while they are chewing with full cheeks. "This is my last," said a patient every time the contradiction was pointed out to her. Others beg to be sent out of the world by poison, although they assert that they cannot die at all.

Yet the train of thought is usually in general reasonable. They are frequently also able to give appropriate and connected information about their personal circumstances and more remote things, though certainly they are for the most part little inclined to engage in such conversations, but return immediately to their delusions again.

Mood is sometimes characterised by dull despondency, sometimes by anxious tension or excitement; at times the patients are also repellent, irritated, angry, inclined to violence. But not altogether infrequently we meet in the patients slight self-irony; they try to describe their sins and torments in excessively obtrusive colours, use the language of students, enter into a joke, allow themselves to smile; erotic moods also may be conspicuous. Especially in the last periods of the attack a grumbling, insufferable, perverse mood is developed, which only with complete recovery gradually disappears. A patient declared that she was envious of the other children of God.

The **Volitional Disorders** are also not quite uniform. The activity of the patients is frequently dominated by volitional inhibition; they are taciturn, even mute, cataleptic; they lie with vacant or strained expression of countenance in bed, often with closed eyes, do not ward off pricks, do not do what they are bidden, are resistive when taking nourishment, hide themselves under the cover, are occasionally unclean. The inward tension is, perhaps, only revealed by isolated whispered utterances ("Entreat for me," "What's the matter?"), convulsive grasping of the rosary, imploring looks, excitement during the visits of relatives. Many patients feel themselves not free, but under the influence of a higher power. A patient declared that people had him in their power, he had lost his will completely, and was a broken man. A female patient was obliged to kiss the floor and altar in church.

Anxious restlessness, however, seems to me to be more frequent, occasionally alternating with slight stuporous states. The patients do not remain in bed; they wander about, bewail and lament, often in rhythmical cadence, "Sinful creature, wicked creature." They beg for forbearance as they have not committed any fault; people want to kill them, to bury them alive, to throw them into the outermost darkness, into the river, into the fire, to poison them and then have them dissected, to chase them out naked into the forest, for choice when it is freezing hard. A patient begged to be let down for execution. They refuse nourishment, as they are not worthy of food, do not want to deprive others of nourishment, cannot pay, observe poison or filth in the dishes; they would like to nourish themselves on refuse and to sleep on bare boards. A patient ran about bare-footed in order to be accustomed to the cold when people chased him out into the snow.

At times more violent states of excitement may be interpolated. The patients scream, throw themselves on the floor, force their way senselessly out, beat their heads, hide away under the bed, make desperate attacks on the surroundings. A female patient knelt down in a public warehouse in front of religious pictures and tried to destroy secular ones. Another made herself conspicuous in the tramway car by her loud self-accusations. A third in great anxiety seized the full spittoon and emptied it. A patient, who was wholly disordered, suddenly proposed the health of the Prince Regent. Serious attempts at suicide are in these states extremely frequent. God commanded a female patient to kill her relatives.

Delirious Melancholia.

From the form here described, which essentially corresponds to the "melancholia with delusions" of Griesinger, partly also to the "depressive insanity" of many investigators, gradual transitions lead to a last, delirious group of states of depression, which is characterized by *profound visionary clouding of conscience*. Here also numerous, terrifying hallucinations, changing variously, and confused delusions are developed. The appearance of people is changed; faces are distorted; it is like a "wandering of souls." His wife appears "queer" to the patient; mistakes are made about

the nearest relatives; a stranger is mistaken for the loved one, a woman believed that her husband was mad. The patient sees the Virgin Mary, the Christ-child, spirits, devils, men, who wish to kill poor souls with the sword. Every one is in mourning; someone must have died. Clouds sink down; fire and flames rise upwards; buildings with wounded men are burning; cannon are being brought up; the windows are turning round; the sky is falling down. The room stretches itself out into infinity, becomes heaven, in which God sits on his throne, or it becomes the narrow grave, in which the patient is suffocated, while outside prayers for the dead are muttered. On a high mountain sits a little manikin with an umbrella, who is always being blown down again by the wind. The patient hears shooting, the devil speaking, screams, terrifying voices; twenty-seven times it is said, "You are to die like a beast!" Outside the scaffold is being erected; a numerous company is watching him and scoffing at him; the stove makes snappish remarks; the patient is ordered to hang himself in order to bury his shame; he feels burning about his body.

He is in a wrong house, in the law-courts, in a house of ill-fame, in prison, in purgatory, on a rolling ship, attends the solemn burial of a prince with funeral music and a large retinue, flies about in the universe. The people round him have a secret significance, are historical celebrities, divinities; the Empress, disguised as a maid-servant, cleans the boots. The patient himself has become of another sex, is swollen like a barrel, suffers from ulcers in his mouth and cancer; he is of high descent, guardian-angel, the redeemer of the world, a war-horse. An action is brought against him; he is to blame for all misfortune, has committed treason, set the house on fire, is damned, forsworn, and accursed; it penetrates through his whole body. His lungs are to be torn out of him; wild beasts will devour him; he is made to wander about naked on the street, is exhibited publicly as a Siamese twin. A patient called from the window, "The devil is taking me away!" A female patient asked, "Am I allowed to die in open death?" The patient feels quite forsaken, does not know what wrong he has committed, cries aloud, "That is not true!" The children have been shot by their father; the husband wants to marry the sister, the father-in-law to kill the daughter; the brother is threatening murder. Everyone is lost; all is ruined; everything is falling to pieces; everything is undermined. Seething and

burning are going on; there is revolution, murder, and war; in the house there is an infernal machine; the justice of God exists no longer. The whole world is burnt up and then again becomes frozen; the patient is the last man, the wandering Jew, alone in desolation, immured in Siberia.

During these changing visionary experiences the patients are outwardly for the most part strongly inhibited; they are scarcely capable of saying a word. They feel confused and perplexed; they cannot collect their thoughts, know absolutely nothing any longer, give contradictory, incomprehensible, unconnected answers, weave in words which they have heard into their detached, slow utterances which they produce as though astonished. The following transcript distinctly shows the great confusion.

"One voice has choked the other—No, it wasn't so—It is something peculiar—It was quite different—The house is athwart—Everyone has poison—No, those ones cried out that—No, I've written it extra—Yes, now I eat nothing more—If you had only done it otherwise, then it would have been better—You would have written nothing at all—She alarmed everyone—It isn't really a right sentry up there—Now it will never be better—."

For the most part the patients lie in bed taking no interest in anything. They betray no pronounced emotion; they are mute, inaccessible; they pass their motions under them; they stare straight in front with vacant expression of countenance like a mask and with wide open eyes. Automatic obedience alternates with anxious resistance; at times the patients assume peculiar attitudes and make curious movements. Temporarily they become restless, get out of bed, wander slowly to and fro, force their way out, search round about, want to pull other people out of bed, wring their hands, cling to people, cry out, beg for pardon, protest their innocence. Suicidal attempts also occur. A female patient went with her children into the water and declared, "The devil and lightning and electricity were in me." The taking of food is frequently made very difficult owing to the resistance of the patients.

The **Course** of states of depression is in general fairly protracted, especially in more advanced age. Not infrequently their development is preceded by fluctuating, nervous disorders and slight irritable or depressive moodiness for years before the more marked morbid phenomena begin. Sometimes they appear only as an increase of a slight morbid state which had always existed.

The **Duration** of the attack is usually longer than in mania; but it may likewise fluctuate between a few days

and more than a decade. The remission of the morbid phenomena invariably takes place with many fluctuations; not infrequently there is developed at the same time an impatient, grumbling, discontented behaviour, with restlessness and continual attempts to get away, which probably should be connected with the admixture of slight manic disorders.)

(When the depression disappears with remarkable rapidity, one must be prepared for a manic attack.) The improvement of the physical state is for the observer already very conspicuous, while the patient feels himself not at all easier, indeed worse, than formerly. That is perhaps related to the fact that he is more distinctly aware of the disorder when the natural emotional stresses have returned, than at the height of the malady. (Later an increased feeling of well-being may take the place of depression; this we must perhaps regard as a manic indication even when it acquires no real morbid extent.) A female patient wrote as follows in a letter of thanks shortly after recovery from a rather long period of depression:—

"I am now such a happy human being, as I never was before in my whole life; I simply feel that this illness, even though quite insane to endure, had to come. Now at last, after a hard struggle, I may look forward to a quiet future. My spirit is so fresh; I absolutely don't need to be trained, I cook with the greatest calmness . . . at the same time I keep my ideals, which, God be thanked, life has left to me in spite of all that is dreadful. And so my soul is in the greatest peace."

(In other cases dejection, lassitude, lack of pleasure in work, sensitiveness still persist for a long time after the more conspicuous morbid phenomena have disappeared. Occasionally also one sees hallucinations, which have arisen at the height of the attack, diasppear very gradually although the patients otherwise are perfectly unconstrained psychically and have acquired clear insight into the morbidity of the disorder.) A female patient, after recovery from a severe, confused depression still for a number of weeks heard in decreasing strength "her brain chatter," and she made the following notes about it:—

"I have nothing more, I do nothing more, I like no one any longer, you submissive thing, you; I have no intention—must come here—they must come here; I know no one any longer—O God, O God, what shall I do, when you have offended all here, in here, you impudent female, you . . ."

The content of these auditory hallucinations, which betray a certain rhythm, is partly changing and disconnected, but on the whole lets the trains of thought be recognised, by which the patient was dominated in her depression.

CHAPTER VI.

MIXED STATES.[1]

(If one follows more closely a considerable number of cases, which belong to the different forms of manic-depressive insanity, one soon observes that numerous *transitions* exist between the fundamemtal forns of manic excitement and depression, hitherto kept apart. Firstly, it has to be pointed out that the individual attacks of the disease have by no means permanently a uniform colouring. Manic patients may transitorily appear not only sad and despairing, but also quiet and inhibited; depressive patients begin to smile, to sing a song, to run about. Such sudden reversals lasting for hours or for whole days are extremely frequent in both directions. A patient perhaps goes to bed moody and inhibited, suddenly wakes up with the feeling as if a veil had been drawn away from his brain, passes the day in manic delight in work, and next morning, exhausted and with heavy head, he again finds in himself the whole misery of his state. Or the hypomanic exultant patient quite unexpectedly makes a serious attempt at suicide.)

(But then very often we meet temporarily with states which do not exactly correspond either to manic excitement or to depression, but represent a *mixture* of morbid symptoms of both forms of manic-depressive insanity. This relationship becomes most clear in the transition periods from one state to another, which often extends over weeks or months. At the same time we do not see the phenomena of the one state always disappearing at the same time in all the realms of psychic life, and being replaced after a time of colourless equilibrium by disorders of other kinds, which gradually develop. Rather do some morbid symptoms of the earlier period vanish more quickly, others more slowly, and at the same time some or other phenomena of the state, which is now developing are already emerging.) If one examines more precisely those transition periods, one is astonished at the

[1] Weygandt, Uber die Mischzustände des manisch-depressiven Irreseins. Habilitationsschrift, 1899.

multiplicity of the states which appear; some of them scarcely seem compatible with the orthodox attacks. Nevertheless I believe that we can understand these states better, if we assume that they proceed from a mixture of different kinds of fundamental disorders of manic-depressive insanity.

If we begin with the cases which develop in the orthodox manner, in which purely manic and purely depressive states appear one after the other, we find at the height of the attack combinations of definite symptoms which on the whole may be regarded as psychological opposites. On the one hand we meet with distractibility, flight of ideas, exalted ideas, cheerful mood, volitional excitement; on the other sluggishness of attention and of thinking, ideas of sin and of persecution, mournful or anxious mood, volitional inhibition. In other domains certainly, as that of perception, of mental work, of judgment, there are no such contrasts; they may ,therefore, be left out of consideration for the characterization of the mixed states. In order to simplify, as far as possible, the discussion based purely on principles, we will even restrict ourselves to the consideration of the disorders of the train of thought, of mood, and of volition, and at the same time for the present make the assumption, that these three domains of the psychic life form a unity and are similarly changed in their totality by every disorder. In orthodox mania and depression then all the three groups of psychic processes would display deviations in the same direction, which roughly might be contrasted as excitement and inhibition. It appears meanwhile that besides such similar influences, dissimilar influences of the individual domains also occur owing to the morbid process, with the mixed states as result. We ought not to be surprised at this, as in normal psychic life also the changes in the train of thought, in disposition and in will are frequently divergent. Anxiety may paralyse thought and action but also incite; along with loud joyful excitement we meet moods of quiet enjoyment, and along with rigid, gloomy, painful depression wild outbursts of despair.

In order to explain first the frequent occurrence of mixed states in the transition periods, it would only require the assumption, that the transformation of the individual partial disorders into their opposites does not begin simultaneously but one after the other. According to this hypothesis *one* disorder will already be transformed into its opposite, while in *other* domains the former state still continues to exist. The two following illustrations (Fig. 20) explain more clearly the

possibilities arising here with limitation to the three domains mentioned above. They represent the transition from manic excitement to depression and again to mania. The parts of the curves above the horizontal line signify according to the usual custom the partial disorders of mania, while the parts

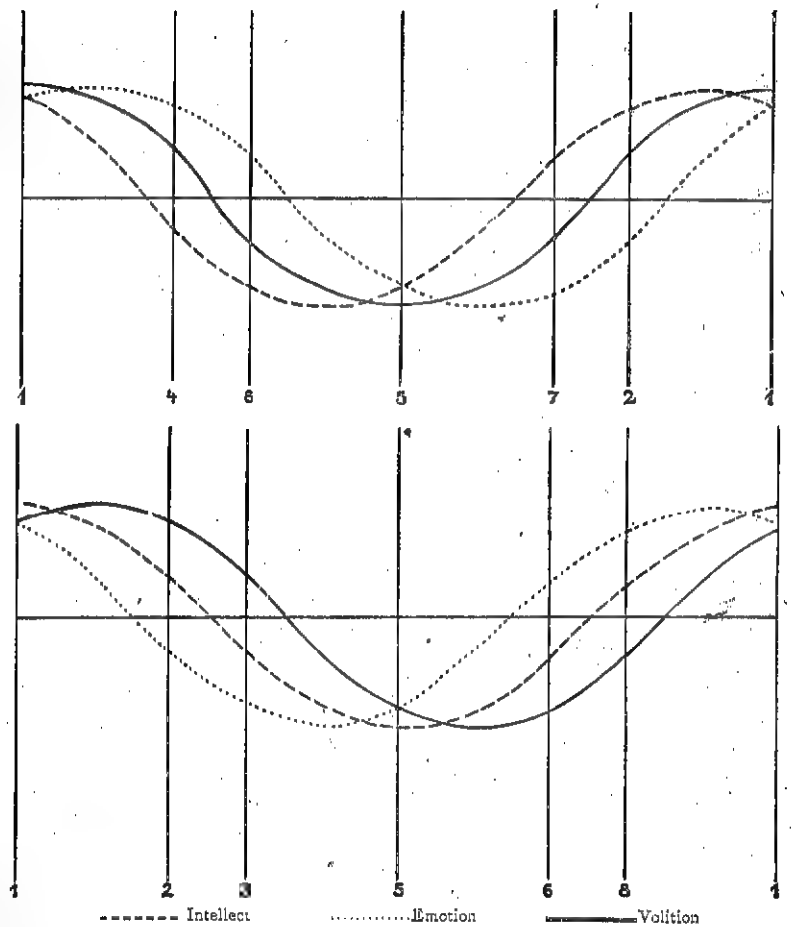


FIG. 20.—Comparison of the mixed states of manic-depressive insanity.

below the line indicate the transition to depression. The disorders of thought are represented by broken lines, changes in mood by dotted lines, volitional disorders by continuous lines. In the first case illustrated, the disorder of thought is transformed to its opposite earlier, the change of mood later

than the volitional disorder, while in the second case thought and mood precede volition. In a similar way one may, of course, demonstrate also various other possibilities, early transformation of volitional disorder, simultaneous course of two disorders before or after the third. As, however, here it only concerns elucidation of the point of view, which has led to the doctrine of mixed states, it suffices to consider the examples reproduced.

If we examine the first curve, the initial state would correspond to that of manic excitement. At line 4 the flight of ideas has made way for inhibition of thought, while the cheerful mood and pressure of activity still continue; at line 6 volitional inhibition has also developed. As now mood is also transformed, we find at line 5 the picture of circular depression at its height; it dominates the situation for a considerable time, although in somewhat changing combination. At line 7 we have before us flight of ideas along with mournful moodiness and volitional inhibition, while a short time afterwards at line 2 the volitional disorder has also changed and only the depressive mood still persists. The further course then again leads to the development of mania which lasts for a considerable time.

In the second curve, which begins in a similar way to the first, we have at line 2 the same state, which was developed in the first curve before the fresh manic attack. But further on at line 3 it comes to a combination of inhibition of thought and depressive mood with excitement. After the complete development of depression at line 5 there next follows again a state already known to us from the first curve, inhibition of thought and volition with cheerful mood, but then at line 8 volitional inhibition with flight of ideas and exalted mood.

If the transitions between the opposed states of manic-depressive insanity ran their course similarly to the way here described, we should in the first place infer that the transition states have hitherto, in comparison with the two principal forms, had relatively little attention paid to them, since they, as a rule, are of very short duration. Moreover there may be only a limited number of cases, in which the temporary divergence of the changes from each other on the different domains is at all strongly marked. And further we must picture to ourselves that the individual curves do not at all run their course smoothly, but display manifold sudden oscillations, so that the changing pictures become still more blurred. But, on the other hand, the conception described here would make it appear comprehensible that even in the pure pictures of mania and of depression the relation of the partial disorders to one another may change within wide limits. Volitional inhibition may be extremely severe, while moodiness is comparatively little marked, and *vice versa*; manic patients may have great flights of ideas but, at the same time, not be much excited; they may display extremely exalted mood with slight distractibility and so on. Even in the course of the same attack we not infrequently meet with a quantitative change in states of the same kind.

We must now, however, put the question, whether then clinical experience actually shows us morbid states which correspond to the hypotheses laid down here. Although our resources for the analysis of the individual phenomena are still very incomplete and a really systematic investigation of the mixed states and the conditions of their development has till now scarcely been attempted, I still think that I may reply to that question in the affirmative. As soon as one's eye is trained to these observations, one very soon recognises that in truth the orthodox descripton of mania and of circular depression is only to some extent appropriate for certain of the principal forms. Round these are grouped a multiplicity of states of various kinds, which, meanwhile, as far as we are able to judge, appear to be composed of quite the same fundamental disorders. Those which are immediately derived from the above considerations, we shall here discuss shortly.

1. **Mania.**—We begin with the picture of mania, with flight of ideas, exalted mood, and pressure of activity.

2. **Depressive or Anxious Mania.**—If in the picture depression takes the place of cheerful mood, a morbid state arises, which is composed of flight of ideas, excitement, and anxiety. The patients are distractible, absent-minded, enter into whatever goes on round them, take themselves up with everything, catch up words and continue spinning out the ideas stirred up by these; they do not acquire a clear picture of their position, because they are incapable of systematic observation, and their attention is claimed by every new impression. They complain that they must think so much, their thoughts come of themselves, they have a great need of communicating their thoughts, but easily lose the thread, they can be brought out of the connection by every interpolated question, suddenly break off and pass to quite other trains of thought. Many patients display a veritable passion for writing, and scrawl over sheets and sheets of paper with

disorderly effusions. At the same time ideas of sin and persecution are usually present, frequently also hypochondriacal delusions, as we have formerly described them.

Mood is anxiously despairing; it gives itself vent in great restlessness, which partly assumes the form of movements of expression and practical activity, but partly also passes over into a wholly senseless pressure of activity. The patients run about, hide away, force their way out, make movements of defence or attack; they lament, scream, screech, wring or fold their hands, beat them together above their head, tear out their hair, cross themselves, slide about kneeling on the floor. With these are associated rhythmical, rubbing, flourishing, snatching, turning, twitching movements, snapping with the jaw, blowing, barking, growling. If one will, one might here speak of a "depressive" or "anxious" mania.

3. **Excited Depression.**—If in the state described the flight of ideas is replaced by inhibition of thought, there arises the picture of excited depression. It is here a case of patients who display, on the one hand, extraordinary poverty of thought but, on the other hand, great restlessness. They are communicative, need the doctor, have a great store of words, but are extraordinarily monotonous in their utterances. To questions they give short answers to the point, and then immediately return to their complaints again, which are brought forth in endless repetition, mostly in the same phrases. About their position in general they are clear; they perceive fairly well, understand what goes on, apart from delusional interpretation. Nevertheless they trouble themselves little about their surroundings, they are only occupied with themselves.

Mood is anxious, despondent, lachrymose, irritable, occasionally mixed with a certain self-irony. Sometimes one hears from the patients witty or snappish remarks. Delusions are frequently present, but they are usually scantier and less extraordinarily spun out than in the form just described. The excitement of the patients also is usually not so stormy or protean. They run hither and thither, up and down, wring their hands, pluck at things, speak loud out straight in front of them, give utterance to rhythmic cries and torment themselves as well as their surroundings often to the uttermost by continuous, monotonous lamenting.

4. **Mania with Poverty of Thought.**—Again another picture is developed, when now depression is transformed to cheerfulness. We have then before us a manic state without

flight of ideas, an unproductive mania with poverty of thought. This state is very frequent. The patients perceive slowly and inaccurately, often only understand questions on repeated, impressive repetition, pay no attention at all, frequently give perverse, evasive answers, cannot immediately call things to mind. Nothing at all occurs to them; their conversation is, therefore, very monotonous and empty; the same students' phrase, jocular or vigorous, is produced ever again with sniggering laughter. The patients, therefore, not infrequently make a definite impression of weakmindedness, while later they may even prove themselves to be specially gifted. The state is subject to great fluctuation, so that the patients temporarily are quick and clever at repartee, while at other times they are incapable of saying anything at all.

Mood is cheerful, pleased, unrestrained; the patients laugh with and without occasion, are delighted with every trifle. Now and then they are somewhat irritated, repellent, or deliberately coarse, immediately afterwards breaking out into a merry laugh. Excitement is often limited to making faces, occasional dancing about, wanton throwing things here and there, changes in dress and coiffure, without any display of busyness, such as is otherwise peculiar to mania. The patients are, however, very excitable, and quickly becomes noisy and clamorous, as soon as they find themselves in unrestful surroundings. While they in general do not speak either with special haste or very much, and often for a considerable time behave quite quietly, it may happen that in the course of a conversation an increasing flow of talk develops. Many of these patients conduct themselves in general so quietly and methodically, that to superficial observation excitement does not appear at all. Others sit about in idleness, and when addressed burst out laughing, but give utterance to nothing except a pert remark. Invariably one also notices that they are incapable of any regular occupation, but rather display a tendency to all sorts of mischievous tricks and silly jokes; they make collections, steal and tear up things, make knots, stop up key-holes, stick scraps of paper on to the wall, are wantonly destructive. At times it comes also to very abrupt, short-lived, impulsive outbursts of great violence. Such a patient without cause suddenly jumped out of the bath, knocked down the attendant with a chair, smashed several window-panes, and slipped out completely naked into the snow-covered garden, where

he quietly let himself be caught, as if nothing at all had happened; he was also incapable of giving any motive whatsoever for his action.

(5. **Orthodox Depression** with inhibition of thought, mournful moodiness and irresoluteness.)

(6. **Manic Stupor.**—If here mournful mood is replaced by cheerful mood, that form arises which first instigated me to investigate the mixed states, and which we usually call "manic stupor." The patients are usually quite inaccessible, do not trouble themselves about their surroundings, give no answer, at most speak in a low voice straight in front, smile without recognizable cause, lie perfectly quiet in bed or tidy about at their clothes and bed-clothes, decorate themselves in an extraordinary way, and all this without any sign of outward restlessness or emotional excitement. Not infrequently catalepsy can be demonstrated.)

(Occasionally isolated *delusions* of changing content find utterance.) The patients feel cold in their brain, have an iron tongue, are devoured by polar bears, are the exchanged child of a prince, Eleonora von Halberstadt. But for the most part they prove themselves fairly sensible and oriented. Quite unexpectedly, however, they become lively, give utterance to loud and violent abuse, make a pert, telling remark amidst unrestrained laughter, jump out of bed, throw their food about the room, suddenly take off their clothes, run in double quick time through several rooms, tear up a garment or ill-use a fellow-patient without external cause, and immediately sink back again into their former inaccessibility.

(At other times one finds them perhaps even quiet, sensible and intelligent, for the most part certainly only quite temporarily). Many patients wander with measured step about the ward, scarcely speak at all, but occasionally make a joke, call the physician by his first name, force their way erotically to him, smile. One night such a patient stole the keys from the nurse who was asleep, and escaped into the room of one of the physicians; she enjoyed the successful trick very much but never spoke a word.

The patients often have a quite accurate recollection of the time that has elapsed, but are totally unable to explain their singular behaviour. "I wanted to have no will," one of these patients said to me. He had refused food in order to be lighter and so attain to health, but felt himself caused by hunger to sip a large quantity of milk through his nose and to smell a roll passionately. In carrying out these singular

arrangements he smiled himself, but did not speak a word and did not let himself be dissuaded from it.

A certain idea of this state is perhaps given by Fig. 21. In the rigid expression of countenance of the patient who always remains standing on the same spot, the constraint can be distinctly recognised, which for many months has dominated her and made her dumb. But, at the same time, there appeared in the almost invincible tendency to destructiveness and filthy habits, the fundamental manic feature of the disorder, which in the adornment of torn-off leaves and twigs is recognisable also in the picture. In other patients the expression is more cheerful, sportive, erotic. This state is often interpolated, only temporarily, in a pronounced manic attack. (Still more frequently it forms the transition between depressive stupor and the mania which goes along with it, as was assumed in our second curve. One may then follow step by step the various intermediate stages, the yielding of the mournful moodiness, the appearance of the first smile, the movements becoming freer, the development of a certain restlessness with low whispering, and lastly, the disappearance of inhibition in the domain of speech also, with the bursting forth of pressure of speech and flight of ideas.)

FIG. 21.—Manic stupor.

(7. **Depression with Flight of Ideas.**—In the usual picture of depression inhibition of thought may be replaced by flight of ideas. These patients are incited by their delusions to vivid associations of ideas, they read much, show interest in, and understanding of what goes on in their surroundings, perhaps even sheer curiosity, although they are almost mute, and are rigid in their whole conduct and are of cast-down and hopeless mood.) We then hear from them as soon as they again begin to speak about their state, that they cannot hold fast their thoughts at all, that constantly

things come crowding into their head, about which they had never thought. Regard being had to the other experiences in the mixture of morbid symptoms, the assumption is easy, that in such cases we have to do with the appearance of a flight of ideas which only on account of the inhibition of external movements of speech is not recognizable. A female patient connected plays on words with what she heard. When a rose was given to her, she said that meant that she was guilty (Rose-reo sei). In spite of great moodiness she used peculiar slang expressions; she spoke of the superintendent of the institution as the "chief bonze," "the Lord of hosts."

Occasionally the patients, who cannot give utterance to anything at all in speech, are capable of writing, and then compose to our astonishment comprehensive documents, often desultory, full of ideas of sin and delusional fears. A sad, moody, taciturn patient with distinct volitional inhibition, when he felt himself offended by a fellow-patient, whom, he thought, he had himself injured before, wrote as follows:—

"Now one might regard this conduct as retaliation, as equivalent, as a sweet revenge, well yes, but the Christian forgives, does not bear a grudge, forgets the wrong that has been done to him, does not abuse in return, when he is abused. If any one strikes you on the right cheek, turn to him the other also, says the Lord and Saviour and diverges here from the precepts of the Old Testament, where it says, "An eye for an eye, and a tooth for a tooth." Do not reward evil with evil or with abuse. Forgive one another as Christ has forgiven you."

The heaping up of synonymous phrases, the jumping off to side thoughts, show here distinctly the flight of ideas, which certainly was only recognizable in his writings. The patient felt it himself, while he wrote:—

"I am again becoming prolix; I therefore consider it better to hasten to a conclusion, for long-winded explanations weary the reader, and are at the least felt as want of consideration . . ." "I also in writing repeat words which mean the same, as lack of energy and lack of will; both expressions mean the same. . . ."

At the same time the patient spoke "of his over-great anxiety, of his lack of energy, in consequence of which, activity, the coming out of oneself, the firm will, the strong will-power are absent."

To this kind those cases may perhaps also be reckoned, the sad and moody patients, in whom the tendency to imaginative composition appears. One might perhaps call this picture "depression with flight of ideas." Not

infrequently, as our first curve also indicates, manic excitement is developed with disappearance of volitional inhibition and transformation of mood.

8. **Inhibited Mania.**—Finally, I have also repeatedly come across states which would correspond with the last combination assumed by us, flight of ideas with cheerful mood and psychomotor inhibition. The patients of this kind are of more exultant mood, occasionally somewhat irritable, distractible, inclined to jokes; when addressed they easily fall into chattering talk with flight of ideas and numerous clang associations, but remain in outward behaviour conspicuously quiet, lie still in bed, only now and then throw out a remark or laugh to themselves. It appears, however, as if a great inward tension, as a rule, existed, as the patients may suddenly become very violent. Formerly I classified this "inhibited mania" with manic stupor; I think, however, that it may be separated from that on the ground of the flight of ideas which here appears distinctly.

Perhaps we may, as Stransky indicates, regard as the slightest form of these states the "*shamefaced mania*" which he mentions. In this the patients behave quite quietly in the presence of the physician, are perhaps even taciturn and motionless, although cheerful, while among their equals they may be fairly lively and high-spirited. It appears that here the inhibitions of embarrassment are by themselves sufficient to suppress the manic pressure of activity.

The doctrine of the *mixed states* is still too incomplete for a more thorough characterization of the individual forms to be advisable at present. Nevertheless attention may be directed here to some points of view which may be of significance for the further development of our knowledge in this domain, indeed, to a certain extent have already been so.

Partial Inhibition and Exataltion.—The idea of "partial inhibition," as it has been introduced into the doctrine of the mixed states by Dreyfus, Pfersdorff and Goldstein, finds without doubt its justification in the fact, that the classification of the psychic life, which forms the foundation of our arguments, naturally only reflects the very roughest outlines. First, it must be remarked that at the same time a whole series of psychic processes, which certainly might underlie independent disorders, have received no consideration at all, as the behaviour of attention, perception, impression, psychic work, the formation of judgments and inferences and so on. It would be conceivable that through

more accurate consideration of the varying changes which appear in individual cases in these and many other domains, the multiplicity of forms would be still considerably enriched.

Here I will only bring forward a single experience, the frequent contradiction between the content of the delusions and the colouring of mood. A patient told me with laughing that his nerves were dried up and his blood circulated only as far as his neck. A depressed female patient spoke of the inward voice, which she heard, as of a "grace"; others state with an air of secrecy that they are considered to be the Virgin Mary, that they are to be confined with Christ, that it is believed of them that they could work miracles, make gold, cure all diseases. Many patients speak cheerfully of their approaching death. In this domain also there are mixtures which do not correspond to ordinary behaviour. Moreover, there are manic patients who, as has already been partially indicated above, are not distractible, at least not by external impressions, and depressive patients whose attention may be excited with extraordinary ease.

Possibly more important than these phenomena, which are perhaps quite unessential, is the fact, that the three great domains of the psychic life, which we have laid as the foundation of our discussion are, in reality, nothing less than unities. Inhibition and excitement may attack partial domains separately, and so exist beside each other in the same territory. The pairs of opposites, which we have taken, are, therefore, only valid for the general grouping of the states, but in detail are frequently not sufficient. So in the domain of thought, there may apparently be a separation between conceptual thought, the emergence of sensuous memory pictures, and the occurrence of linguistic presentations. As already mentioned, there are patients who, without any difficulty worth speaking about, can think conceptually, but who feel most painfully the colourlessness of the presentations which emerge.

But then we occasionally observe beside each other inhibition of thought and flight of ideas.[1] The patients display great psychic dulness, but at the same time desultoriness of the train of thought and a tendency to linguistic clang associations. From this it appears that inhibition of thought and flight of ideas are by no means the kind of opposites which they might appear according to ordinary clinical epxerience.

[1] Schröder, Zeitschr. f.d. ges. Neurol. u. Psych., II, 57.

In fact we may likewise artificially produce by bodily exertion or by the use of alcohol states in which difficulty in thinking is combined with flight of ideas. Perhaps we may assume that there are various forms of inhibition of thought, according to whether conceptional, sensuous and linguistic thought are simultaneously or only partly disordered. When the domain of linguistic presentations is not affected by the inhibition or even is itself in a state of excitement, flight of ideas might exist along with difficulty in thought. I should like merely to indicate that probably we should also differentiate between inhibition of thought and monotony of thought; likewise increased activity of imagination, as we observe it in the slighter forms of manic excitement, must be separated from flight of ideas.

In the other domains of psychic life things are very similar. The cheerful and the mournful or anxious mood are not simple opposites which are mutually exclusive, but they may mix with each other in the most different ways. Not at all infrequently we observe in our patients, as already mentioned, a kind of grim humour, which is compounded of despair and amused self-derision. The angry irritation also, which we meet so often in the most different states, is, as Specht[1] has rightly emphasized, to be regarded as a mixture of heightened self-consciousness with unpleasant moods. By the continued predominance of such a mixture of moods that state is characterized before everything, which is usually called "*acute delirious mania,*" raving mania. This includes cases of pronounced manic excitement, in which the patients on the slightest occasion fall into outbursts of furious anger, overwhelm their surroundings with abuse, and become senselessly violent. To this group those manic patients probably belong, who are constantly peevish, repellent, inaccessible, who give pert answers, make scornful remarks, torment and ill-use their fellow-patients. If with that is compared the imperturbable cheerfulness and amiability of other patients who are just as excited, it becomes clear that peculiar mixtures of moods must here be present.

If in these cases the excitement is moderated, the *grumbling* forms of mania perhaps arise, to the slightest phases of which Hecker has specially drawn attention. The patients, indeed, display exalted self-consciousness, are pretentious and high-flown, but by no means of cheerful mood; they rather appear dissatisfied, insufferable, perhaps even a

[1] Specht, Zentralblatt f. Nervenheilk., 1907, 529; 1908, 449.

little anxious. They have something to find fault with in everything, feel themselves on every occasion badly treated, get wretched food, cannot hold out in the dreadful surroundings, cannot sleep in the miserable beds, cannot have social intercourse with the other patients. Along with perfect sense they have a great tendency and capacity to offend and to hurt others, to stir them up, to incite them, everywhere to find out the unpleasant and place it in the foreground. Every day they bring forward fresh complaints, act as guardian to the people round them, are irritated, when, in their opinion, sufficient attention is not paid to them. The manic foundation is indicated in talkativeness, slight flight of ideas, great unsteadiness and restlessness, which drives the patients to wander about a great deal, to begin all possible cures without carrying through a single one, to smoke and to drink excessively.

Partial Mixtures.—If in the description of the clinical states we place the *colouring of mood* in the foreground, there is no doubt at all, that the firmness also with which an emotion persists, and the strength of the emotional stress which the occurrences of life call forth, must be of essential significance for the formation of the state. In general much more pronounced fluctuations of mood are observed in manic patients, but here also displacements occur, manias with imperturbable unchanging cheerfulness and depressions with frequent fluctuations of mood. The peculiar weakening of the emotional response, which is felt so painfully by many sad and moody patients, apparently does not occur equally in all forms of depression; it may for example be absent in states of great anxiety. On the other hand we often enough miss the great vivacity of emotional stress, which distinguishes many slightly manic patients, in other manic states.

The *colouring of delusions* in general stands in close connection with mood, although here also, as already mentioned, contradictions appear to occur, which meanwhile might possibly be connected with the existence of mixtures of moods. But further a remarkable mixture of depressive and exalted ideas is often observed. The immeasurableness of the persecutions, to which the patients are exposed, might well be interpreted in this sense. A patient asserted that he had got cantharidin by the hundredweight. Another declared that his relatives had to live among robbers for trillions of years. A third, who believed that all his inside was destroyed and lacerated, said that the doctor might be

proud to be allowed to treat him, a case of the kind had not occurred for six hundred years. Others are fetched away by "millions of devils," dragged to an "extra scaffold," persecuted by Kaiser and King, taken to America by the Kaiser in order to be shot there. Certain theatrical features in the depressive ideas probably also belong here. A female patient in despair described her approaching execution, and added with a satisfied sidelong glance at her neighbour, "and Gretchen must crack the whip." Another wished to die a "romantic death," wished to confess her sins openly. A third desired to be allowed as a martyr to embrace lions and leopards in their cage.

Perhaps the fact of limited inhibitions and excitements is most distinctly seen in the domain of *volitional* processes. The experiments with the writing-balance have already shown that in the simple action of writing the force and the rapidity of the movement may be changed in different directions. In still much higher degree must that be valid for the intricate processes of which an independent volitional action is composed. The decision, the impulse, its force, the rapidity of its transformation into actual activity may independently of each other be subject to disorders, and these disorders may again extend to different distances over the individual domains of activity. In fact we know some experiences, which go to prove that the expressions "volitional inhibition" and "volitional excitement" represent large general conceptions which must often be analysed. Rapidity or sluggishness of decision may exist without the external volitional action being recognizably changed. Dreyfus has directed attention to the fact, that a feeling of inhibition, a "subjective" inhibition may be present even without recognizable sluggishness of the action; certainly it will be a case here of finer disorders which do not yet lead to definite results. Juliusburger has described cases with only subjective inhibition and a vivid feeling of depersonalisation as "pseudo-melancholia."

We observe further great inward restlessness, therefore volitional excitement, while the making of decisions and the carrying out of voluntary actions is difficult, indeed, the restlessness may even discharge itself in lively movements of expression without the volitional inhibition disappearing. From this we recognize that the impulsive discharges of states of inward tension may be influenced by the morbid process in another way than purposeful volition and activity.

Movements of linguistic expression also take up a peculiar position. Excitement and inhibition in the domain of speech and writing are up to a certain degree independent of the behaviour of the remaining volitional activities. We know patients, who display great pressure of activity, but at the same time are almost wholly mute, and on the other hand those, in whom incapacity to make a decision is conjoined with great pressure of speech, certainly also, as a rule, though not always, with a certain restlessness. Moreover, we have to distinguish between *external* and *internal* speech. The observation, that taciturn patients make plays on words, such as otherwise accompany pressure of speech with flight of ideas, permits the conjecture, which is supported by the self-observation of the patients, that here internal speech is facilitated, while the transformation into movements of speech appears to be inhibited. But lastly, as already indicated, writing may be facilitated, speech made difficult, and *vice versa*.

If we take into account the fact, that the development of the partial disorders here indicated may pass through the most various degrees in the individual domains of the psychic life, the number of which might still be considerably augmented, we have before us a sheer immeasurable multiplicity of clinical pictures, which may be compounded of greater or less excitement or inhibition of one or other psychic faculty. It would certainly be tempting to follow these phases in detail. But, nevertheless I would emphasize the fact, that such an analysis should not be given any too great significance for clinical consideration. The overwhelming majority of the actual morbid states display a relatively simple structure, similar disorders in the larger domains of psychic life, and may, therefore, be approximately brought under the forms here delimited.

In the meantime it will be useful in the interpretation of the states to remember that in manic-depressive insanity there is a large number of further possibilities without our being obliged to assume morbid processes of other kinds. It might be that here it is a case not so much of varieties of the morbid processes as of personal peculiarities. We might, perhaps, represent it thus to ourselves, that a further division of work in the domain of the individual psychic faculties and the resulting greater independence of partial domains might also have as a consequence that these partial domains would share in a different way and, to a greater or less degree, in the general morbid process.

The mixed states here described are with by far the greatest frequency *temporary* phenomena in the course of the disease. They pass over easily and often one into the other, as one partial disorder is displaced by another. Most frequently we meet with them, as already stated, in the transition periods between the two principal forms of the disease, indeed, only from the history of their development, their transformations from and to the known morbid states, do we derive the justification to interpret them as mixed forms and as states of manic-depressive insanity.

Moreover, mixed states may appear as independent morbid attacks. And we see in the course of an attack of manic-depressive insanity besides the simple states, states occasionally attaining to development, which wholly, or at least predominantly, run their course in the form of mixed states. By this naturally our conception of the essential identity of all these clinical phases is confirmed. More often certainly the different attacks of a patient seem to display the same mixed state. When once such a state has appeared, there is a certain probability that similar states will follow later. The agreement of the individual morbid pictures, which in certain circumstances are separated by decades, is often extraordinary. In a case of manic stupor I was in the highest degree astonished, when I had the old history sent to me from another institution. Although the former attack had occurred twenty-two years previously, the description given at that time would have done just as well for the later attack even in the smallest detail; still ten years earlier a simple depression had preceded.

The **Course** of mixed states occurring as independent attacks appears in general to be lingering; they might be regarded as unfavourable forms of manic-depressive insanity. They frequently occur in the later periods of the malady, in which in any case the tendency to a prolongation of the attacks is commonly seen.

The more exact knowledge of the mixed states makes it possible for us to recognise the clinical significance of those morbid pictures also which do not correspond with the principal forms. Where the previous history presents orthodox manic attacks or states of depression, the placing of the divergent picture in circular insanity is naturally not difficult. On the other hand those cases, which only display mixed states, may cause very considerable diagnostic difficulties, especially at the first attack. I know very well that even now it is still

often impossible to attain to a certain decision; yet it succeeds, certainly not too infrequently, to recognise correctly from the fundamental disorders of manic-depressive insanity, the composition of a peculiar morbid state at first incomprehensible and so to acquire important data for the further course and issue.

CHAPTER VII.

FUNDAMENTAL STATES.

MANIC-DEPRESSIVE insanity runs its course in attacks, whose appearance is in general independent of external influences. This fact shows us that the real, the deeper cause of the malady is to be sought in a permanent morbid state which must also continue to exist in the intervals between the attacks. This assumption becomes specially illuminating when frequent attacks return with approximately regular intervals. But also when the disease appears only a few times or even only once in a lifetime, its root must be sought in a change of the psychic life, which is of long standing or which has existed from youth up. At the first glance only an exception is made by the cases in which the attack has its origin in an external cause; we shall later have to discuss how this exception is only apparent, and why and how far.

The difference in frequency and violence of the attacks is evidence that the severity of the change, which we presuppose as the foundation of the whole morbid state, must fluctuate within wide limits. The same thing is taught by clinical observation. The great majority of manic-depressive patients, especially of those with fewer attacks, display in the intervals no divergence from average health; although undoubtedly it might be possible that many peculiarities escape the notice of the people round them, which, without being exactly morbid, would yet to expert observation betray a certain relation to their malady. But in a large series of cases it is clear to the laity also and to the patient himself that permanently slighter disorders of the general psychic condition continue to exist, which in faint indications correspond to the morbid phenomena of manic-depressive insanity. Among almost a thousand cases observed in Munich such permanent peculiarities were reported in about 37 per cent. Occasionally the developed morbid attacks frankly appear only as an increase of disorders which have already been present in the whole former life; more rarely they are conjoined with these as complete opposites.

It is seen further that the permanent changes mentioned, which essentially consist of *peculiarities in the emotional life*, are not limited to individuals who suffer from attacks of manic-depressive insanity. Their clinical significance would be essentially impaired by this fact, if experience did not teach that they are observed with special frequency as simple personal peculiarities in the families of manic-depressive patients. Even if that is not true for all cases, these relationships are yet so frequent, that there can scarcely be any doubt about their deeper significance. We are, therefore, led to the conclusion, that there are certain temperaments which may be regarded as *rudiments of manic-depressive insanity*. They may throughout the whole of life exist as peculiar forms of psychic personality without further development; but they may also become the point of departure for a morbid process which develops under peculiar conditions and runs its course in isolated attacks. Not at all infrequently, moreover, the permanent divergencies are already in themselves so considerable that they also extend into the domain of the morbid without the appearance of more severe, delimited attacks.

Classification.—On the grounds stated we consider ourselves justified in incorporating in the group of the manic-depressive "*fundamental states*" of our description besides those morbid phenomena, which appear in the attacks, those disorders also which on the one hand frequently accompany the "free" intervals between the attacks, on the other hand characterize the manic-depressive temperament in such cases also in which the full development of the malady is absent. The clinical forms, which would here perhaps have to be kept separate, are principally the *depressive* temperament ("constitutional moodiness"), the *manic* temperament ("constitutional excitement"), and the *irritable* temperament; along with these, mention would have to be made of those cases in which moodiness and excitement frequently and abruptly alternate with each other (*cyclothymic* temperament).

Depressive Temperament.

The depressive temperament is characterized by a *permanent gloomy emotional stress in all the experiences of life*. Within the range of intellectual activity there is usually for the most part no very striking disorder. A few patients are even highly gifted, while in other cases mental development

has remained somewhat behind from youth up. Mental efficiency may be good, yet the patients, as a rule, have to struggle with all sorts of internal obstructions, which they only overcome with effort; they, therefore, are easily fatigued. Moreover, they lack the right joy in work. Although they are often ambitious and strive upwards with success, they yet do not find complete, lasting satisfaction in their work, as they keep in view the mistakes and deficiencies of their achievements, as well as the approaching difficulties, rather than the value of the thing accomplished. Therefore, difficulties and doubts very easily press upon them, which make them uncertain in their activity and occasionally force them to repeat the same piece of work again and again. The tendency to fruitless, especially hypochondriacal speculation often exists. The patients "everywhere at once imagine something." Their consciousness is always completely clear, the connection of their thinking is in no wise disordered; they have a good understanding of the nature of their malady, often also an extremely painful feeling of the difficulty caused by their own insufficiency.

Mood is predominantly depressed and despondent, "despairing." "I was on a small scale always melancholic," declared a patient, and a female patient said, "I brought melancholy with me into the world." From youth up there exists in the patients a special susceptibility for the cares, the difficulties, the disappointments of life. They take everything seriously, and in every occurrence feel the small disagreeables much more strongly than the elevating and satisfying aspects of untroubled and cheerful enjoyment, of regardless surrender to the present. Every moment of pleasure is embittered to them by the recollection of gloomy hours, by self-reproaches, and still more by glaringly portrayed fears for the future. They "have never had anything nice in the world," "I was always a child of ill luck," said a patient. Frequently, therefore, a capricious, irritable, unfriendly, repellent behaviour is developed. The patients are occupied only with themselves, do not trouble themselves about their surroundings, display no public spirit. Other patients may to outward appearance be even-tempered and may only reveal their unhappy emotional constitution, their self-tormenting, to their nearest relatives or to the physician; when stimulated by external circumstances they are perhaps cheerful, charming, and amiable, and even high-spirited, but when left to themselves, they return again with a certain

satisfaction to their own introspective meditations on the wretchedness of life.

Every task stands in front of them like a mountain; life with its activity is a burden which they habitually bear with dutiful self-denial without being compensated by the pleasure of existence, the joy of work. "I have always had to keep myself together by force and not easily, and now it becomes always more difficult," said a patient. The patients have no confidence in their own strength, they have "very little vital energy"; they despair at every task, and become anxious and despondent with extreme facility, they feel themselves of no use in the world, good for nothing, nervous, ill, they fear the onset of a serious illness, especially mental disorder, a disease of the brain. They are distrustful, regard themselves as nature's step-children, are not understood by their surroundings, and they like to occupy themselves with thoughts of death, even already in childhood's years.

Many patients are constantly tormented by a certain "*feeling of guilt*," as if they had done something wrong, as if they had something to reproach themselves with. Sometimes the things are real, but very remote or quite insignificant, with which this tormenting uncertainty is connected. One of my patients could not get quit of the thought of a sexual offence committed years before. Another was not able to get over the recollection of his landlady's having said that he would never pass his examination. Although he succeeded without special difficulty in passing, the thought constantly persecuted him, that he had been a silly fool to let such a thing be said to him; everyone saw by the look of him that he was a poor lot to take such things sitting down. Ever again he was impelled to take steps in some way or other, even after many years, to procure satisfaction for himself and to restore again his honour, injured as he supposed.

The *sexual* domain in especial usually offers abundant food for moodiness. The sexual emotions are roused very early and lead to debauchery, but most frequently to onanism, the consequences of which appear to the patients in the blackest colours. A patient who by his inward excitement was ever again, in spite of all vows and oaths, forced to "necessary onanism," said of his state of dull hopelessness:—

"No human words can describe the suffering of soul, which this abominable vice has caused me, and after I had gone through it, the word hell with all its terrors lost all meaning for me, if it means anything else than the consequences of onanism. To wander about as a living corpse, and with that the consciousness of bearing the stamp of this vice, as it were, on the forehead and to hear the critical looks or even the cynical allusions of kind friends, till one becomes so shy that one avoids going out during the day and rather hides away in one's mouse-hole, till night begins! By far the worst is the horror and disgust at oneself, the feeling of hopelessness, which becomes deeper at each fall, finally the cretinous resignation, the loss of self-confidence; one has no longer courage with the enemy in the camp."

Other patients also feel sexual excitement, which forces itself on them in voluptuous pictures, most painfully, and all the more if, through psychic impotence, through shyness, or through moral considerations they are prevented from satisfying it. Here is a favourable soil for the development of all sorts of singular expedients for help in this difficulty. Several times I saw such fathers of families adopt measures for the restriction of sexual intercourse or for the prevention of conception, because they feared to injure themselves or shunned the responsibility of bringing still more nervous children into the world.

Not infrequently the emotional life is dominated by a *weak sentimentality*, often with pronounced artistic and belletristic inclination and ability. One of my patients could not bear to read anything about the circulation of blood; he went to the slaughter-house in order to see what he did when he ate meat, and thereafter adopted by preference a vegetarian diet.

Conduct.—The whole conduct of life of the patients is considerably influenced by their malady. On the one hand appears their *anxiety*. "I may say that I was born in anxiety," said a patient. They are without initiative, uncertain; they ask for advice on the slightest occasion. They shrink from every responsibility, are afraid of the most distant possibilities, weigh all details and consequences scrupulously, avoid strictly all unusual, and still more, dangerous matters. They must do everything themselves, because they think that otherwise they cannot bear the responsibility; they use themselves up early and late in trivial activity far more than is necessary, carry out everything with tormenting precision and accuracy. A lady with a very small household invariably in the evening used the time from ten o'clock to half-past eleven to put in order her few accounts for the day and so satisfy her duties as a housewife. The fear not to be able to earn a living, to fall into want, causes many patients to practise exaggerated frugality. They restrict their wants to the uttermost, they do not eat enough and they let their clothes fall into disrepair.

In consequence of their anxiety the patients never come

to a rapid decision. They consider endlessly without carrying out anything. A lady had first to be induced by the summoning of a council of her whole family to consult a physician, which she herself ardently wished to do, and even then she could not make up her mind actually to follow the advice given. The patients, therefore, continue at each task and gradually arrive at an always narrower limitation of their activity. They give up reading and music, cycling and smoking, and do not go shopping any longer, because they cannot make a choice, They cannot travel, because the preparations, the decision where to go, are too difficult for them. In the end even the drawing up of the bill of fare, the oversight of the servants, the anxiety that everything in the household shall be ready at the right time, are a very great trouble. Many women cannot endure a strange face about them, try to limit more and more the number of their domestics, give themselves trouble to the uttermost. Finally others let everything go as it will.

Examinations especially form an almost insurmountable obstacle for our patients. In spite of very ample qualifications many a one renounces the higher career which beckons him and contents himself with a modest little place in life, because his deficient self-confidence and irresolution do not allow him to take the necessary examination. Very often caprices and peculiarities develop, which commonly have some relation to the moodiness, and indicate measures by which the patient tries to help himself over the inward difficulties. The patients invariably have the inclination to withdraw from intercourse with other people. They find no joy in social life and pleasures, feel most comfortable when they can commune with their own thoughts by themselves or follow their artistic inclinations.

But it is especially their *lack of self-confidence* which prevents them from cultivating personal relations. Compared with other people who are perhaps otherwise far beneath them, they appear to themselves awkward, boorish, foolish; they do not get rid of the tormenting feeling that they are continually exposing their weak spot, that the people round them look at them over the shoulder, that their presence is not desired. A female patient said that she did not find time to continue her education and must, therefore, appear stupid to everyone. In consequence they become quiet and shy, avoid their acquaintances on the street, live a solitary and secluded life.

Suicide.—Many patients constantly play with thoughts of suicide and are always prepared on the first occasion to throw away their life. Although utterances of that kind are not, as a rule, to be taken seriously, yet sudden suicides still occur often enough among those morbidly ill-tuned patients. A patient, when ten years old, ate verdigris, when thirteen and again when twenty tried to hang himself, when fourteen took strychnine, and when twenty-four shot himself in the left breast, each time on a most trifling occasion.

Nervous Complaints.—Frequently the patients are tormented with all kinds of nervous complaints. They feel tired, exhausted, complain of heaviness and dull pressure in their head, unpleasant sensations in the most different parts of their body, oppression, palpitation, congestion, pulsation, twitching, vibration; attacks of migraine are not rare. In the sexual domain psychic impotence often exists and frequent nocturnal emissions. The phenomena of nervous dyspepsia are frequent; digestion is usually sluggish. Sleep is, as a rule, defective; the patients have great need of sleep, but fall asleep late, are frequently disturbed by starting and by terrifying dreams, do not feel refreshed in the morning but tired and unfit, and only in the course of the day do they gradually become less uncomfortable.

Course.—The morbid picture here described is usually perceptible already in *youth*, and may persist without essential change throughout the whole of life. In isolated cases a transformation of the disposition takes place first in the years of development about the seventeenth, eighteenth, or twentieth year, while up till then no specially conspicuous deviations have appeared. Fluctuations also are later not rare. Especially in connection with a violent emotion or a bodily illness, but also without recognizable occasion the state may become worse, and after a longer or shorter time again improve somewhat. In rare cases once in a way after a duration of decades a complete disappearance of the depression appears to occur, as was reported by C. F. Meyer. Now and then there are indications of a periodic course, but the attacks are only very imperfectly delimited, and show a tendency to run together in as far as the remissions become always more indistinct. Occasionally psychogenic features also appear, great need of comfort, reinforcement of the complaints in the presence of the physician. "She is quite happy, so long as she does not associate with those women who also think that they are ill," wrote the husband of a patient.

It is exactly the fluctuations of the state progressing imperceptibly to real attacks, which point to the inner relationship of the depressive temperament with manic-depressive insanity.[1] There is actually an uninterrupted series of transitions to "periodic melancholia," at the one end of which those cases stand in which the course is quite indefinite with irregular fluctuations and remissions, while at the other end there are the forms with sharply defined, completely developed morbid picture and definite remissions of long duration.

But further, the fact is of the greatest significance, that the depressive state may be very suddenly interrupted by manic attacks, indeed that it not very rarely forms the foundation on which the morbid state of "periodic mania" is developed; still more frequently an alternation of manic and depressive attacks occurs. We found the depressive temperament in 12.1 per cent. of our manic-depressive cases, but this proportion is certainly considerably too low because of the incompleteness of our histories of the patients. Lastly, the great clinical similarity of the picture here drawn with the slightest forms of depressive attacks must be pointed out. The shyness, the lack of self-confidence, the dejection, but especially the feeling of inward obstruction in thought and will, the irresolution, the hypochondriacal fears and thoughts of suicide are found in both morbid forms in quite similar manner.

Both the agreement of the states and the close clinical relations of the depressive temperament to manic-depressive insanity, and its place in the inherited series scarcely leave any doubt, therefore, that we have here to do with a rudiment of the fully developed disease. To that must still be added the circumstance, that we shall immediately become acquainted with a manic temperament which completely corresponds. The possibility must, however, be left open, that not all forms of depressive temperament are to be interpreted in the same sense. Thus specially the cases with more definitely delimited states of anxiety and fear might not belong to this form, and here also there is not usually any lasting, unchanging depressive moodiness nor any general inhibition.

On the other hand it appears to me that with the states here delineated certain tender and gentle natures a little inclined to melancholy are inwardly related. These are often

[1] Reiss, Konstitutionelle Verstimmung und manisch-depressives Irresein, 1910.

found in families with manic-depressive disposition, and sometimes these individuals actually fall ill. There are people, especially women, who combine anxiety, scrupulous conscientiousness, and lack of self-confidence with good intellectual endowment, attractive, clinging amiability, and great goodness of heart, who shun every rough contact with life, who easily make cares for themselves, who understand well how to endure, indeed to sacrifice themselves, but not how to fight. Not infrequently they display deficiency of the sense of reality, unworldliness and a tendency to visionary moods, occasionally perhaps also a surprising violence.

Manic Temperament.

The manic temperament which I formerly described as "*constitutional excitement*" forms the antithesis of the depressive temperament; more recently it has been described in greater detail, especially by Specht and Nitsche.[1] The intellectual endowment of the patients is for the most part mediocre, sometimes even fairly good, in isolated cases excellent. They acquire, however, as a rule, only scanty, and, in particular, very imperfect and unequal knowledge, because they show no perseverance in learning, do not like exerting themselves, are extraordinarily distractible, and seek to escape in every way from the constraint of a systematic mental training, and in place of that they pursue all possible side-occupations in variegated alternation. "She can do everything well when she likes," reported the relatives of a patient. Not infrequently they possess a very good faculty of perception and remember details without difficulty. But their understanding of life and the world remains superficial, the mental working up of their experiences bleared and indistinct, the remembrance of former events fleeting, coloured by partiality, and falsified by numerous personal additions. The train of thought is desultory, incoherent, aimless; judgment is hasty and shallow. The patients are not concerned about their past, their surroundings, their position, their future, have in general no need to account for the circumstances of life or to form a general view of life.

Mood is permanently exalted, careless, confident. The patients have very marked self-confidence, put an extremely high value on their own capabilities and performances, boast

[1] Specht, Zentralblatt f. Nervenheilk., 1905, 590; Nitsche, Allgem. Zeitschr. f. Psych., lxvii, 36.

with the most obvious exaggeration. They wholly lack understanding for the morbid imperfection of their temperament. Rather are they convinced of their *superiority* to their surroundings, are proud of their ideal sentiments, their refined accent, their depth of feeling, and they confidently expect to make their fortune by their excellent endowment. Towards others they are haughty, positive, irritable, impertinent, stubborn. They show little sympathy with the sorrows of others; they enjoy deriding, teasing, and ill-using those who, they think, are their inferiors. When contradicted they may be extremely rough and coarse, but in certain circumstances accept even great reproaches and insults with surprising equanimity without understanding the mortification properly. They are usually ready for jokes, even for self-derision, for conversation and pastimes of all kinds and for all sorts of tricks. Now and then once in a way anxious or mournful moods also may temporarily be present.

In the **Conduct** and the **Activities** of the patients a certain *unsteadiness and restlessness* appear before everything. They are accessible, communicative, adapt themselves readily to new conditions, but soon they again long for change and variety. Many have belletristic inclinations, compose poems, paint, go in for music. A patient spoke of writing up the fortunes of his fellow-patients as novels. They like picturesque and conspicuous clothes, wear a fez, or they neglect themselves and run about in rags and dirt. Their mode of expression is clever and lively; they speak readily and much, are quick at repartee, never at a loss for an answer or an excuse, although often only a very threadbare one. "She can speak and read like a lawyer, when she likes," was said of a young girl.

In conversation the patients assume a free and easy tone, give pert or ironical answers, use choice poetical phrases, quotations, sought-out allusions, or they talk in forcible language, in coarse dialect; they weave in equivocations and poor jokes, which they accompany with roaring laughter. Whenever they are irritated, they usually make use of a very comprehensive "Dictionary of Abuse," to use Specht's expression. "She has an extraordinarily foul mouth," was the expression used to describe a patient. What they write is verbose, prolix, bombastic, full of personal remarks, witticisms, insulting sallies. Frequently they perform peculiar and conspicuous actions. A patient had "Pray and

work" printed on his card after his name. Another accosted people on the street and asked them if there is a God, and if they had ever thought of dying.

In making decisions the patients are desultory and uncertain. In consequence their life is invariably a chain of thoughtless and extraordinary, not infrequently also nonsensical and doubtful activities. Already at school they are insubordinate and disorderly, ring-leaders in all disturbances of the peace; they play truant, run away, do not get on anywhere, have to change their school, fail in examinations, because of their aversion to thorough and persevering study. They stand military discipline very badly, neglect cleanliness and order, overstay their leave, are remiss in service, resist authority, and are, as a rule, often punished, when it is not recognized that they are ill. At the same time an important part is frequently played by the *sexual instinct* which awakens early and is very active, and which leads them to debauchery. Female patients almost of necessity fall a prey to prostitution. The influence of alcohol is usually still more unfavourable, to which, in general, they yield themselves without resistance; the patients spend in drinking and conviviality all that they can get hold of. One of my patients became a morphinist; others are great smokers and snuffers.

Further, it now comes to the most varied attempts to attain to some position in life, and the patients often go about it not without ability, but without perseverance. Without sufficient reason they change calling and position, are always beginning something new, make large plans and after a short time drop them again, and get into all kinds of low company. A clergyman invented a new card-game and passed his time in fishing and photography; he overwhelmed his superiors with suggestions for improvements in the church. Others wish to become missionaries, or to go to America. Many patients join new movements with fervent zeal which rapidly flags, become ardent vegetarians, anti-vaccinators, anti-Semites, sportsmen, bathe in the cold of winter; others become cheap jacks, professional jokers, town originals. They often attempt tasks to which they are in no way equal, make purchases far beyond their circumstances, decorate themselves with high-sounding titles, to which they have not the least claim, try to gain respect by boasting and swaggering. A patient had a crown printed on his visiting cards.

The *aimlessness* of their procedure is sometimes very peculiar; it distinctly shows how little the inner pressure of

activity is guided by sensible deliberation. One of my patients had inflated advertisements of various chemical products printed at great expense, sent them all over the world, and entered into contracts for delivery of the goods, although he, as a former dealer in fancy goods, knew nothing at all of chemistry, concocted his materials on a common kitchen-range, and was quite unable to manufacture the large quantities ordered. He said that he had first just wanted to see whether buyers would come at all, before he really made arrangements for production. A few patients have really good ideas, make useful inventions, display great business ability, but yet on account of their unsteadiness and unreliability and also on account of their scattering their resources in all possible enterprises have never any success.

With their surroundings the patients often live in constant *feud*. They interfere in everything, overstep their rights, make arrangements which they are not entitled to make. As they do not fulfil their obligations, but at the same time make great claims and behave arrogantly, they are soon dismissed from their posts. They then become involved in legal processes for compensation and bring actions for damages, but everywhere they put themselves in the wrong by the immoderation of their procedure. Sometimes they fall into a veritable entanglement of lawsuits, which they pursue with ardour and with vigour through all the courts of appeal. They show no respect to their superiors, their manners are churlish, they will not be taught, they respond to regulations with poor jokes or abuse. They have no understanding whatsoever for the unseemliness of their behaviour; they do not comprehend at all why everything they do is taken amiss, are astonished in the highest degree at the complications which arise, but get over it with a few jests. A clergyman who had called his opponent "Hansw." [Hanswurst—Merry-Andrew] and "Rindv." [Rindvieh—cattle] on a post card, asserted quite naively, when he was prosecuted, that that meant "Hanswief" and "Rindvögelein"; no one had the right to read anything else into it than what he had meant.

As everywhere they prove themselves useless, the patients invariably fall into financial difficulties. When their means are exhausted, they begin to borrow, to raise money on credit, to run up bills at public-houses, to defraud. To raise their credit they have at their service their great hopes for the future, an almost completed invention, an appointment

which they have in view, their acquaintance with highly-placed individuals, an impending marriage which will bring them money, an assumed title. When rebuked, they assert indignantly that they are quite in the right, that they have not had the slightest intention to defraud, but that in a short time they will be able to satisfy all their obligations. Immediately after the reproof their former practices begin again, till at last, often only after decades, the morbid foundation of this extraordinary and incoherent conduct of life is recognized. "People, who do not know her, just call her gay," was what the very intelligent mother of a patient wrote to us.

The points of contact of this morbid picture with slight hypomanic states are, as I think, unmistakable. But the excitement here is still more slightly indicated, and it does not run its course in circumscribed attacks, but it is a *permanent personal peculiarity*. Certainly the clinical picture often develops more distinctly first in the years of development, in certain circumstances in the form of a transformation from a period of youth with a more depressive colouring. Further, not infrequently a certain progressive development is seen. Nitsche has described cases as "progressive manic constitution," in which a slighter manic predisposition develops towards the fiftieth year into a pronounced hypomania. Fluctuations of the state also are frequently observed; in certain circumstances they may progress to the development of slighter or more severe manic attacks. Just as often does it come to the appearance of alternating manic-depressive states; more rarely states of pure depression are interpolated. A slight, quickly passing transformation of mood is still fairly frequent; occasionally it may come to a suicidal attempt. Of the manic-depressive patients observed in Munich about 9 per cent. showed a manic predisposition.

The slightest forms of the disorder lead us to certain personal predispositions still in the domain of the normal. It concerns here brilliant, but unevenly gifted personalities with artistic inclinations. They charm us by their intellectual mobility, their versatility, their wealth of ideas, their ready accessibility and their delight in adventure, their artistic capability, their good nature, their cheery, sunny mood. But at the same time they put us in an uncomfortable state of surprise by a certain restlessness, talkativeness, desultoriness in conversation, excessive need for social life, capricious temper and suggestibility, lack of reliability, steadiness, and perseverance in work, a tendency to building

castles in the air and scheming, occasional unusual activities. Now and then one possibly hears also of periods of causeless depression or anxiety, which usually are traced back to external circumstances, over-work, disappointments. This experience, as also the further circumstance, that we very often see the parents, brothers and sisters, or children end in suicide, in mournful moodiness, or even fall ill of definite manic-depressive insanity, suggests to me that that kind of strongly developed sanguine temperament is to be regarded as a link in the long chain of manic-depressive predispositions.

Irritable Temperament.

The irritable temperament, a further form of manic-depressive predisposition, is perhaps best conceived as a *mixture of the fundamental states*, which have been described, in as much as in it manic and depressive features are associated. As it was demonstrable in about 12.4 per cent. of the patients here taken into account, it appears to be still a little more frequent than the depressive predisposition. The patients display from youth up extraordinarily great fluctuations in emotional equilibrium and are greatly moved by all experiences, frequently in an unpleasant way. While on the one hand they appear sensitive and inclined to sentimentality and exuberance, they display on the other hand great irritability and sensitiveness. They are easily offended and hot-tempered; they flare up, and on the most trivial occasions fall into outbursts of boundless fury. "She had states in which she was nearly delirious," was said of one patient; "Her rage is beyond all bounds," of another. It then comes to violent scenes with abuse, screaming and a tendency to rough behaviour. In such an attack of fury a female patient threw a whole pile of plates on the ground; she flung a lighted lamp at her husband and she tried to attack him with the scissors. The patients are positive, always in the mood for a fight, endure no contradiction, and, therefore, easily fall into disputes with the people round them, which they carry on with great passion. A female patient who thought that she had been taken advantage of in the purchase of a house, threatened her opponent with a revolver, which, however, was unloaded. In consequence of their quarrelsomeness the patients are mostly very much disliked, have frequently to change their situations and places of residence, never come well out of anything. A patient who was an officer fought a series of duels with swords. In the family also they are

insufferable, capricious, threaten their wives, thrash their children, have attacks of jealousy.

Mood.—The colouring of mood is subject to frequent change. In general the patients are perhaps cheerful, self-conscious, unrestrained; but periods are interpolated in which they are irritable and ill-humoured, also perhaps sad, spiritless, anxious; they shed tears without cause, give expression to thoughts of suicide, bring forward hypochondriacal complaints, go to bed. At the time of the menses the irritability is usually increased.

Intellectual endowment is often very good; many patients display great mental activity, and they feel keenly the necessity for further culture. But they are mostly very distractible and unsteady in their endeavours. Sometimes they are considered to be liars and slanderers, because their power of imagination is usually very much influenced by moods and feelings. It, therefore, comes easily to delusional interpretations of the events of life. The patients think that they are tricked by the people round them, irritated on purpose and taken advantage of; occasionally they imagine there is poison in their food. On the other hand they build castles in the air, take themselves up with impracticable plans.

Capacity for work may not show any disorder worth mentioning; many patients are very diligent, indeed over busy, over zealous, but yet accomplish relatively little. In conversation the patients are talkative, quick at repartee, pert. In consequence of their irritability and their changing moods their conduct of life is subject to the most multifarious incidents, they make sudden resolves, and carry them out on the spot, run off abruptly, go travelling, enter a cloister. A female patient "became engaged, before she realized what was happening." Psychogenic disorders are often conspicuous, convulsive weeping, fainting fits, cramps.

Cyclothymic Temperament.

The cyclothymic temperament must still be shortly considered. It is characterized by *frequent, more or less regular fluctuations of the psychic state to the manic or to the depressive side.* It was found only in 3 to 4 per cent. of our patients, but without doubt in reality is much more frequent, as it is the invariable introduction to the slightest forms of manic-depressive insanity which run their course outside of institutions, and frequently leads to them by gradual

transitions. These are the people who constantly oscillate hither and thither between the two opposite poles of mood, sometimes "rejoicing to the skies," sometimes "sad as death." To-day lively, sparkling, beaming, full of the joy of life, the pleasure of enterprise, and pressure of activity, after some time they meet us depressed, enervated, ill-humoured, in need of rest, and again a few months later they display the old freshness and elasticity.

"I have always throughout life imagined something," explained a patient, "one time I thought that everything was soaring, another time it appeared to me as if the sky were falling in." Another stated that she had times, in which "everything got on so well from herself outwards," and other times, in which "again everything was so frightfully difficult." A third said that she was "like a barometer, one time so, another time different." A patient described how sometimes at his work "each grip was difficult," and how then a "lightening of the brain" came over him.

Wilmanns draws attention to artists, who are only at certain times happy in creating and productive, and in the intervals in spite of all efforts do not get beyond unsatisfying attempts. At first these deviations from the middle line are only occasionally perceptible once in a way and as rapidly passing attacks; but for the most part they have the tendency to return more frequently and to last always longer, indeed finally to fill up the whole life.

CHAPTER VIII.

FREQUENCY OF THE INDIVIDUAL FORMS—GENERAL COURSE.

The frequency, with which the different clinical forms of manic-depressive insanity here described occur in a fairly large series of observations, is naturally very various. The slight forms are excluded from such a view, as they only rarely come to institutions, but are usually treated in the family or in all possible sanatoria. Their number is extraordinarily large. There is no "Nursing Home for Nervous Cases," which has not constantly had a whole series of them as inmates, certainly for the most part under the terms, over work, nervousness, neurasthenia, hysteria, and so on. Among the patients who came to our hospital 48.9 per cent presented states of depression only, 16.6 per cent. manic attacks only, and 34.5 per cent. a combination of manic and depressive morbid phenomena, sometimes one after the other sometimes alongside each other. Then it has, of course, to be taken into account that the course of the disease in the very great majority of cases was certainly not nearly at an end. If only cases were taken into account, which died in advanced age, the number of the combined forms would without doubt be very considerably increased.

Among the simple forms states of depression in the form of melancholia simplex and gravis with 23.5 per cent. are the largest group; in a further 13.5 per cent. there were extraordinary delusions, and in still other 6.1 per cent states of anxiety were present. Slight manic excitement was present in 4 per cent of the cases, acute mania in 9.8 per cent. States of confusion and stupor of various colouring occurred in 8.2 per cent., compulsive ideas in 1 per cent. Among the combined forms the slighter forms predominated with 10.6 per cent. against the more severe with 9.1 per cent. States of stupor and clouding of consciousness were seen in 4.9 per cent; more definite delusions likewise in 4.9 per cent. A comparison, which Walker[1] gives, is drawn up, indeed, from

[1] Walker, Archiv f. Psychiatrie, xlii. 788.

other points of view, but in the main is not very divergent. He found among 674 cases in men 55.7 per cent melancholias, 11 per cent. manias, and 33.3 per cent. circular cases, in the women 70.2 per cent., 6.2 per cent., and 23.6 per cent.

The individual attacks of manic-depressive insanity, as already appears from the clinical description, are not all the same, but may have very different forms. If one wishes to classify, one may first separate out those forms, in which all the attacks exhibit the same colouring and those in which an alternation of states takes place. To these last the mixed states would be added, in as much as they come to development by far the most frequently in transitions of that kind.

Here it must meanwhile be emphasized, that this classification, apparently so simple, really encounters manifold difficulties. Firstly, it will always be doubtful in the case of patients still living, whether a series of similar attacks even after a duration of decades will yet not be unexpectedly interrupted by a state of quite a different kind. But then also the characterization of individual attacks is very often by no means simple. In the enormous majority of manias, as soon as attention is directed to it, states of depression either at the beginning or the end are observed, which certainly last only a few days and may be little marked. In the course of excitement also hours or days of opposite colouring are interpolated with extreme frequency, and finally it turns out often enough that slight moodiness has been present in the intervals between the manic attacks. On the other hand the states of depression which belong to this class are often followed by a remarkable "reactionary" cheerfulness which by physicians and patients is generally regarded as an expression of pleasure at recovery, as the reactionary "melancholia" after mania is regarded as exhaustion or as sorrow about the mental disease which has been passed through. During the depression we observe states of sudden excitement, transitory merriment, or we learn that the patients have either formerly or afterwards decorated themselves in a conspicuous way, have contrary to their usual custom visited places of pleasure, have been irritable and excited.

If, therefore, for the sake of having a general view we classify the attacks according to their colouring, we must at the same time not forget that here it does not at all concern fundamental distinctions. But rather, just as in the states of excitement and depression in paralysis or dementia præcox, all the pictures only represent the changing phenomena of one

and the same fundamental morbid process, which may be connected with each other in the most multifarious ways and pass over one into the other.

A first survey over the general course of manic-depressive insanity gives the following classification in which 899 cases are arranged first according to the colouring, then according to the frequency of attacks. With regard to the former, three groups were made, according to whether the cases ran their course as depression, or as mania, or lastly, in both forms or in mixed forms. Next the cases were classified with only one attack, with two attacks, or with three or more attacks. As the observations were naturally, as regards the greatest number of them, not concluded, it would be expected that still considerable displacements with regard to the number of the cases would take place, yet even so perhaps a comparison between the different forms is not without value :—

	Depression.	Mania.	Combined Forms.
One attack . . .	263	102	106
Two attacks . . .	120	24	89
Three and more attacks	57	23	115

This summary shows first that in a fairly large series of observations depression occurring once has a great preponderance. Here the fact has to be noted, that the majority of all cases of manic-depressive insanity, about 60 to 70 per cent., begin with a state of depression. This first attack, which, as a rule, runs a mild course, is followed in about two-thirds of the cases by a free interval, which in certain circumstances may last throughout life. In about one-third of the patients, however, manic excitement immediately follows depression, and in most cases leads on to temporary recovery. Only in a small number of cases depression now begins again immediately, and again gives place to excitement and so on.

The number of the attacks, which are repeated in similar form, is in the first group comparatively small; three and more depressive attacks were about four to five times more rare than single attacks. The cause of that is obviously that a great number of patients only fell ill once or at the time of observation had only their first attack behind them. Probably, however, many of the single attacks of depression would in the course of time turn out to be the introduction to combined forms. At least the circumstance is in favour of this,

that among the patients, in whom three and more attacks were recorded, the combined forms were by far the most often represented.

When the disease begins with a manic attack, a remission appears next, likewise in approximately two-thirds of the cases; in the remaining cases moodiness or stupor immediately follows excitement. Here a similar repetition of the attack at first appears still considerably less frequent than in states of depression; on the other hand, if it does follow, one may reckon with greater probability than in depression that still more similar attacks will follow. But on the whole with an increasing number of attacks the tendency evidently becomes greater to a change of colouring or to an admixture of morbid phenomena of other kinds. Generally speaking one certainly observes that the individual attacks in a patient present a certain similarity with each other, which may now and then rise to "photographic" similarity. But there is very frequently the opportunity in the course of the same disease of seeing quite a number of the states described here appear one after the other from slight depression and stupor through the most multifarious mixed states to hypomania and to acute mania. Up to now I have not succeeded in finding any rule to which they conform. In particular a quite regular alternation between manic and depressive morbid periods, of the kind to which the attention of alienists has been mainly drawn, belongs to the rarer exceptions. The grouping is mostly irregular, as we shall see later in more detail in some examples. Often enough it also occurs that in a whole series of similar attacks a single one of opposite colouring is interpolated. Frequently a more regular alternation is developed after a somewhat long duration of the disease, when in the first part of the disease one kind of attack predominated or was alone present. The mixed forms also, especially manic stupor, come to development, as it appears, usually first after repeated attacks.

The duration of individual attacks is extremely varied. There are some which last only eight to fourteen days, indeed we sometimes see that states of moodiness or excitement, undoubtedly morbid, do not continue in these patients longer than one or two days or even only a few hours. For the most part, however, a simple attack usually lasts six to eight months. On the other hand, the cases are not at all rare, in which an attack continues for two, three or four years, and a double attack double that time. I have seen manias, which

even after seven years, indeed after more than ten years, recovered, and a state of depression, which after fourteen years recovered. Albrecht reports a case of melancholia, which after eighteen years passed over into mania. The duration of the first attacks is not usually longer than a few months, while later on it usually extends more and more, in certain circumstances by the confluence of several attacks.

Almost always there are free intervals between each two simple or double attacks. The duration of these is likewise subject to extraordinary fluctuation; it may extend from a few weeks or months to many years and even to several decades. Among 703 intervals, which I have compared, there were 96, which lasted 10 to 19 years, 34, 20 to 29 years, 8, 30 to 39 years, and 1, 44 years. Dupouy observed intervals of 25 and 30 years. Vedrani has collected a series of cases with long intervals. He reports a mania, which after 26 years was followed by three more short manic attacks, an attack of combined depression, stupor, and mania, with a mania following after 27 years, and a similar case with depression after 42 years. He further mentions a case of mania and depression with a mixed state after 27 years, two depressions with pauses of 32 and 35 years, two manias with pauses of 21, 30, 35 and 44 years, lastly, the sequence of mania-depression or *vice versa* with pauses of 33 and 36 years. Hübner reports a case of mania, in which after a first pause of 41 years a regular return of the attacks followed; in another case the time between the second and third attacks was 44 years.

A definite relation between the duration of the attacks and the intervals does not seem to exist. Short attacks may be repeated in rapid succession, but may also be interpolated one at a time in fairly long free intervals. Prolonged and severe attacks on the one hand probably leave behind an increased tendency to fresh attacks; but, on the other hand, it is also often seen that it is these very attacks which are followed by a longer pause. Sometimes the duration of the intervals is so invariable, that at the usual time the patients return punctually to the institution; but for the most part the disease shows the tendency later on to run its course more quickly and to shorten the intervals, even to their complete cessation. At the same time the duration of the attacks usually increases gradually. Thus I saw in one case in the course of thirteen attacks the duration of these increase from three or four months up to six or seven, while the intervals

decreased from one year to six or seven months. But even in spite of long duration of the disease an attack may once in a way run its course with unexpected rapidity, especially in the forms with long intervals. In the years of involution the intervals readily decrease and occasionally are again lengthened later on.

I have tried to form a somewhat more precise idea of these relations by finding the duration of the individual intervals in 406 cases with two or more attacks. By classifying according to their length the median was determined, that duration which in such a series lies exactly in the middle. In this way we get a more correct picture than by reckoning an arithmetical average, which is influenced unduly by unusually long intervals. The interval between attacks following each other was according to this reckoning as follows :—

Interval	I	II	III	IV	V and following
Years	4.3	2.8	1.8	1.7	1.5
No. of cases	406	157	64	33	37

The shortening of the intervals, at first rapid then slower, with the number of the repetitions is clearly seen in this summary. At the same time it has to be remarked that a series of observations, with very frequent attacks and short intervals, could not be taken into account because the times were not certain. The clinical form of the disorder stands in clear relation to the length of the intervals, as the following survey shows, in which the number of the cases made use of each time is added in brackets :—

Intervals	I	II	III and more
States of Depression Years	6 (167)	2.8 (46)	2 (27)
Manic States ,,	3.3 (53)	4.5 (24)	2 (20)
Combined States ,,	3·4 (185)	2.6 (87)	1.5 (98)

The first return of depression is, therefore, to be expected after a considerably longer space of time than that of mania or of a combined attack. This result is certainly influenced by the not infrequent cases, in which depression appears in the age of evolution and then first returns again in the years of involution, sometimes repeatedly, or in alternation with manic attacks. The later relapses also appear to run a somewhat slower course than those of the combined forms. The number that falls out of the series for the second interval in manic cases might be owing to an accidental mistake on account of the small number of observations at our disposal.

In the remainder the shortening of the intervals with the number of attacks is everywhere distinct.

At times the malady begins with a closed series of very short attacks following very quickly one after the other of manic or manic-stuporous colouring, which is then followed by a longer pause of several years. That is especially the case in a small group of youthful patients, preferably, as it seems, women. The individual states of excitement often last then only a few days, but may be very violent and be accompanied by great confusion. Only a small minority, probably not more than four to five per cent., is made up by the cases, in which the disease steadily and completely fills the whole life from the first attack onwards in regular alternation of colouring. Repeatedly I saw in these cases moodiness set in in autumn and pass over in spring, "when the sap shoots in the trees," to excitement, corresponding in a certain sense to the emotional changes which come over even healthy individuals at the changes of the seasons. As a rule, it might there be a case of forms with a very slight course, hypomania and simple inhibition. Even after a considerably long, uninterrupted course, however, a fairly long remission may after all still occasionally make its appearance.

The different varieties of course taken by manic-depressive insanity, as they are conditioned by the changing behaviour in duration and colouring of the individual attacks, as well as in the length of the intervals, have been analysed into a series of clinical sub-varieties, specially by Falret and Baillarger, who first made us more intimately acquainted with this disease ; these sub-varieties are intermittent mania and melancholia, regular and irregular type, *folie alterne*, *folie à double forme*, *folie circulaire continue*. I think that I am convinced that that kind of effort at classification must of necessity wreck on the irregularity of the disease. The kind and duration of the attacks and the intervals by no means remain the same in the individual case but may frequently change, so that the case must be reckoned always to new forms.

In order now to give a more exact view of the varieties of course in manic-depressive insanity, I reproduce a number of diagrams, each of which represents the life of a patient ; they were mostly sketched out by Rehm. Blue signifies depression, red manic excitement, both colours being shaded according to the severity of the morbid phenomena. The mixed states were, as far as possible, signified by hatching.

Blue hatching towards the left on a red ground signifies raving mania, towards the right manic stupor, red hatching on a blue ground depression with flight of ideas, cross hatching depressive excitement. The first normal decades were left out in order to save space.

The first case (Fig. 22) represents a periodic depression with almost quite regular intervals, in which curiously in a later attack excitement, appeared at times. With the exception of the first, which has a more rapid course, the attacks

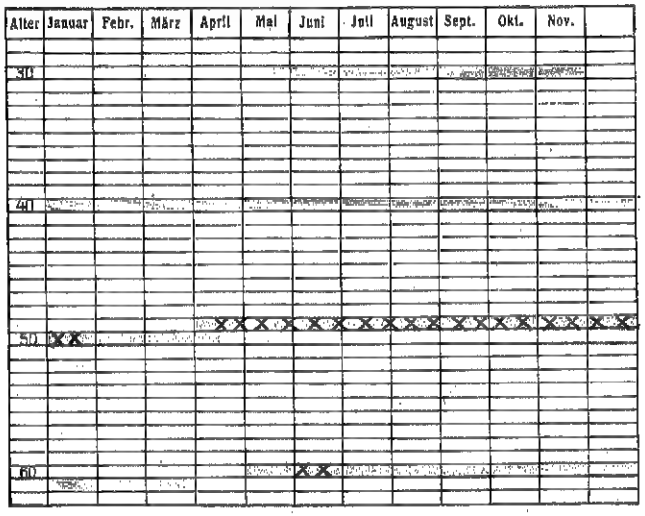
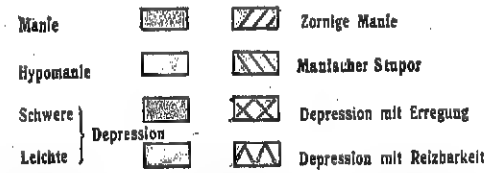


FIG. 22.—Periodic Depression (1).



have almost exactly the same duration. In the second case (Fig. 23) which likewise represents only depression, here also with admixture of excitement in the later attack, we see the disease begin at the age of sixteen. Then follows a pause lasting almost twenty-six years up to the forty-second year, the approach of the climacteric, which brings with it two short attacks, the one following close on the other. The third case (Fig. 24) again runs its whole course in depression, which here

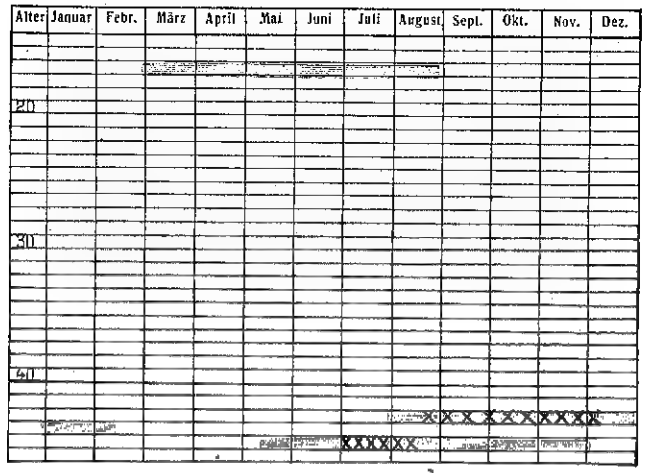


FIG. 23.—Depression in youth and in involution (2).

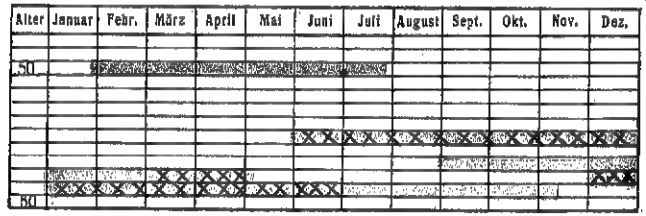


FIG. 24.—Frequent Depression. (3)

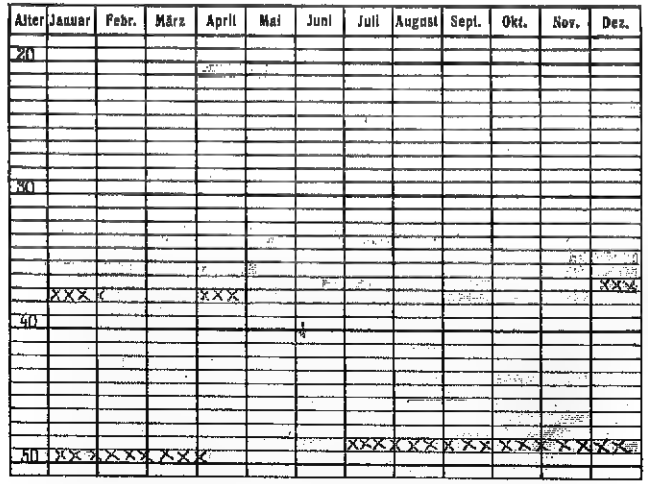


FIG. 25.—Periodic Depression after isolated manic attacks (4).

also is accompanied in the later attacks by excitement. It begins first in involution at the age of forty-nine ; then follow with decreasing intervals three similar attacks.

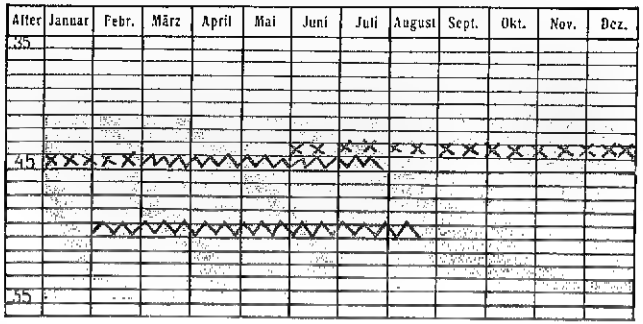


FIG. 26.—Chronic Depression (5).

The fourth case represents another picture. The first short depressive attack in the twenty-first year is followed by a pause of more than fourteen years. Then begins a series of attacks, mostly short but some of them fairly long, with short

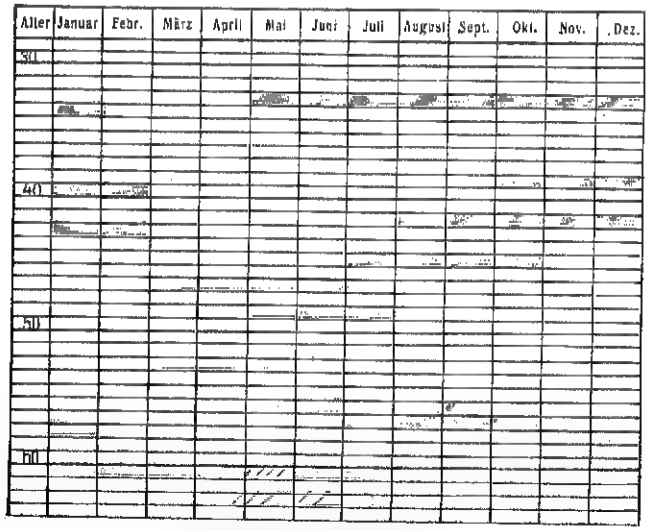


FIG. 27.—Periodic Mania (6).

irregular intervals. The majority of these attacks, ten, are depression, partly, especially the last one, with excitement. But among these, two slight manic periods running a short course are interpolated as first indication of a transition to the

circular form. The last of the depressive cases (Fig. 26) shows a single attack of depression lasting almost fifteen years, but still resulting in recovery. It betrays its place in manic-depressive insanity not only by a favourable issue, but

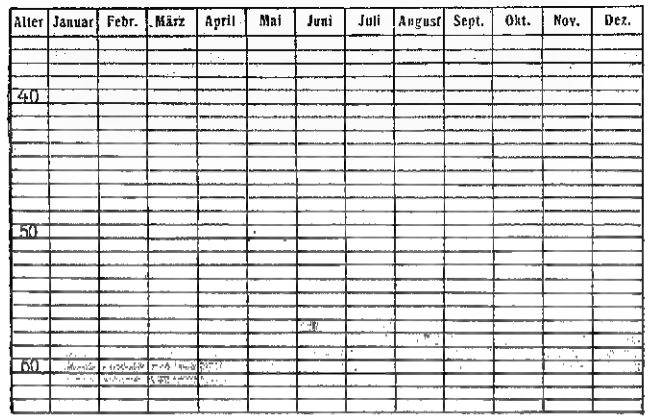


FIG. 28.—Relapsing Mania (7).

also by fairly long periods of excited or grumbling, irritated mood.

The next group embraces manic forms. First we find in Fig. 27 a "periodic mania." The duration of the attacks fluctuates between three and nine months ; the intervals are fairly irregular. The last attacks displayed a more raving

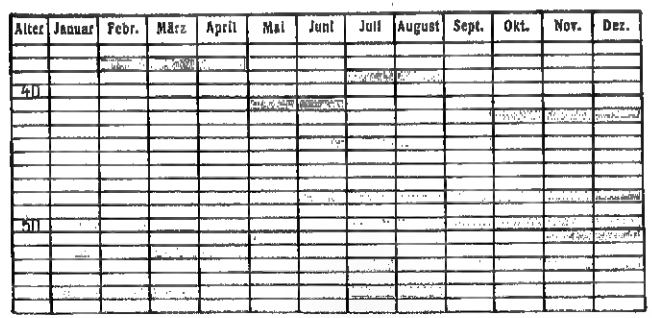


FIG. 29.—Relapsing Mania with isolated periods of Depression (8).

mood. The seventh case (Fig. 28) had two attacks separated by a pause of nineteen years, of which the second lasted almost four years. Its outbreak was peceded by a very short depression, as a first symptom of its place in manic-depressive insanity. These relations become clearer in the eighth case

(Fig. 29) which otherwise presents a picture very similar to the sixth case, only that here a depressive period on two occasions immediately follows the manic attack. The ninth case is very peculiar (Fig. 30). Here we see besides two

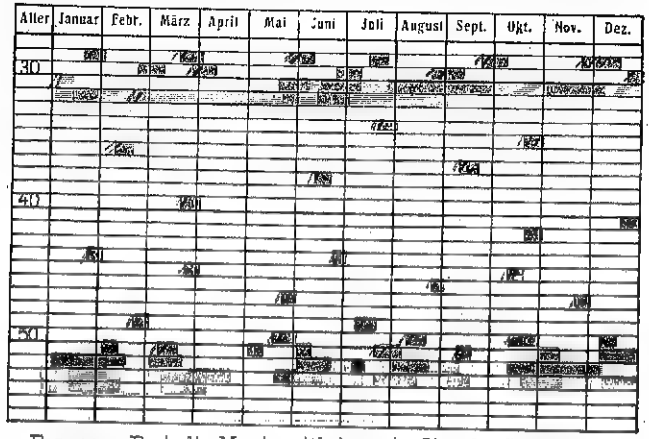


FIG. 30.—Periodic Mania with issue in Circular Insanity (9).

attacks of mania, somewhat longer, but running their course with fluctuations, a large number of very short periods of manic excitement, mostly with raving colouring of mood. After the fiftieth year, as happened before about the thirtieth

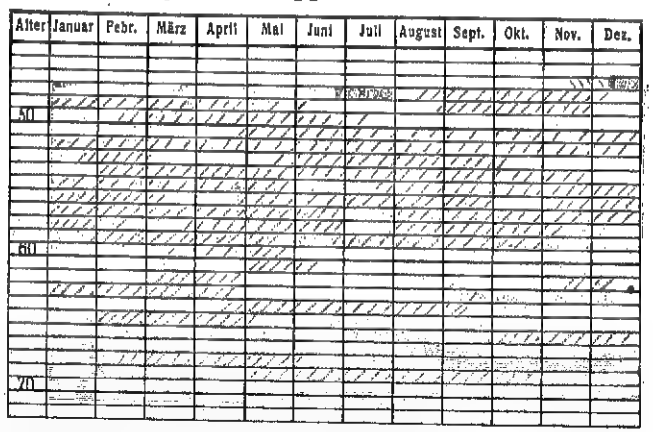


FIG. 31.—Chronic Mania (10).

year, the free intervals become always shorter, and there is at last a regular alternation of manic and depressive periods running a very short course, which lasts for years. The conclusion of this series may be furnished by a case of continuous

manic excitement (Fig. 31), which extends over more than twenty-three years. The colouring of mood is often raving; at the commencement two short depressive periods were interpolated.

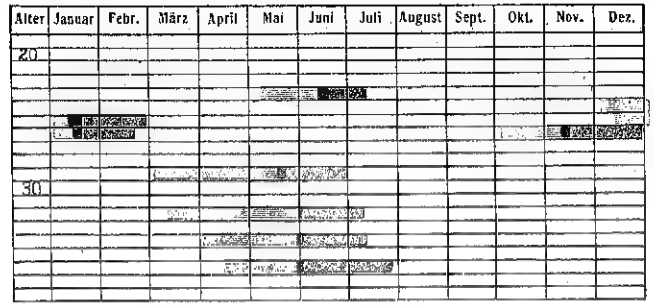


FIG. 32.—Folie à double forme (11).

In the third group we first find a case with fairly regular return of circular attacks similarly combined; it would nearly correspond to the "*folie a double forme*" of the French.

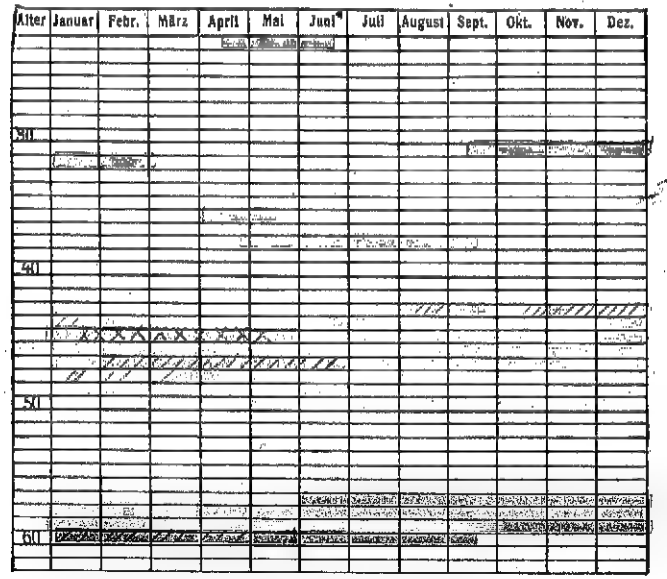


FIG. 33.—Folie circulaire (12).

States like the next case (Fig. 33) are much more frequent. Here after a few attacks of manic excitement appearing in irregular pauses, two combined attacks are developed, which

show repeated alternation of mania and depression interrupted once by a short free interval. Between these two

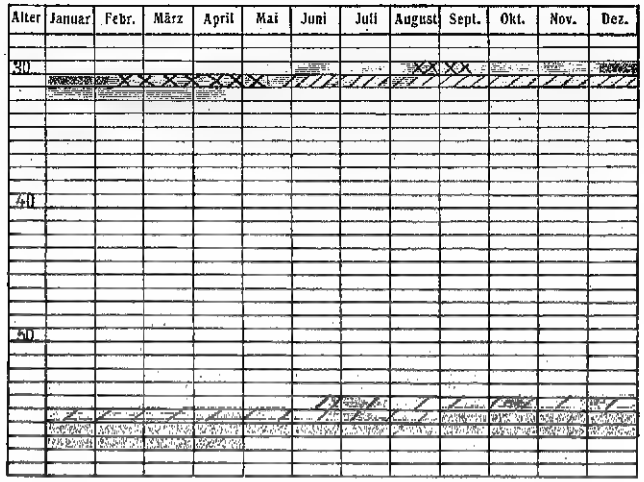


FIG. 34.—Circular attacks with a long pause (13).

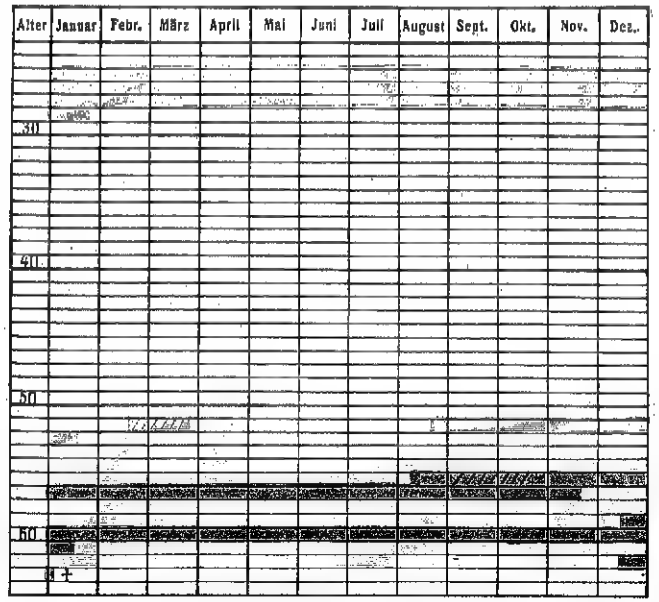


FIG. 35.—Circular Insanity with Depression in youth (14).

series of attacks, each of several years' duration, there is a pause of nine years. These series themselves, except for

certain irregularities, would correspond to the course of "*folie circulaire.*" We see something similar in the thirteenth case (Fig. 34), but here the attacks are more simply combined; in contrast there are more mixed states than in the former case. Moreover, here we observe only two groups of attacks

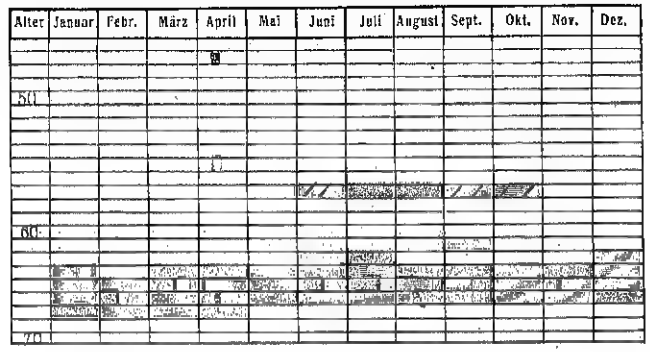


FIG. 36.—Circular Insanity with prodromal delirious attacks (15).

separated by a pause of twenty-three years. Also in the fourteenth case (Fig. 35) we have a free interval of twenty-three years. But the first attack, beginning at the age of twenty-six, is here a simple depression lasting three years. Only at the return of the disease, at the age of fifty-two, does its circular nature become clear. Manic and depressive

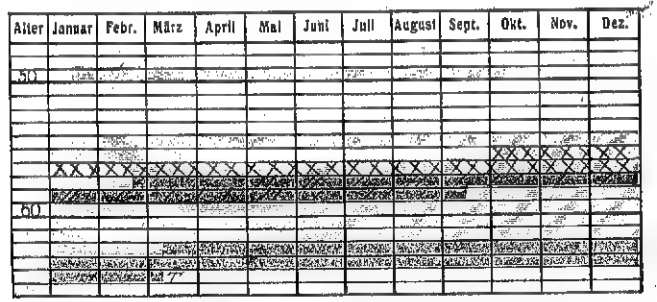


FIG. 37.—Depression with transition to Circular Insanity (16).

periods of very unequal duration now alternate for over six years.

The fifteenth case (Fig. 36), which now follows, began at the age of forty-seven in the form of a delirious state with anxious excitement and hallucinations, which lasted a few days, and which clinically could scarcely be interpreted.

That was followed eight years later by a second attack lasting somewhat longer, then after two years by a third to which was joined a state of simple depression with renewed mixed state. Only at the age of sixty-one was the first pure mania seen. From its recurrence, with gradual disappearance of the

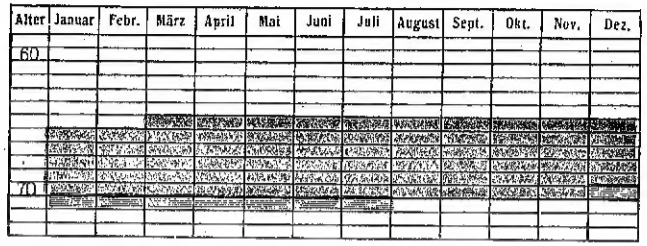


FIG. 38.—Depression of long duration with transition to Mania (17).

free intervals and interpolations of depression, circular insanity was developed, which ran its course in short attacks of changing colour. The course of the sixteenth case (Fig. 37) presents, along with great deviations, yet in so far a certain agreement, as after depressive attacks similar to begin with,

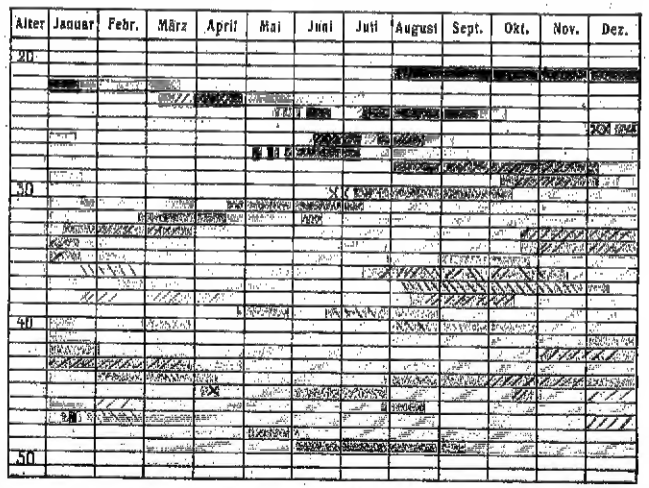


FIG. 39.—Irregular Circular Insanity filling almost the whole life (18).

a markedly circular form appears in the sixth decade of life, certainly with very long duration of the individual periods. If one should here think first of the development of periodic depression, that is more obvious in the seventeenth case (Fig. 38). At the age of sixty-five a depression of five and three-

quarter years' duration appeared; only then a state of manic excitement followed. As the last (Fig. 39) I give a case in which almost the whole life is taken up by a chain of manic and depressive attacks. The malady began at the age of twenty-one in manic form, and ran its course also the next ten years essentially as periodic mania with short intervals and occasional depressive interpolations. Then came a period lasting nearly seven years of continuous manic or hypomanic excitement intermixed with all kinds of mixed states and short attacks of depression; this was followed after a short interval by a fairly irregular, uninterrupted alternation of mania and depression.

If we give no more examples, that is not because those already given represent adequately the multiplicity of the courses taken by manic-depressive insanity; it is absolutely inexhaustible. The cases reported only show that there can be no talk of even an approximate regularity in the course, as has formerly been frequently assumed on the ground of certain isolated observations. It is this experience which makes all delimitations and classifications futile, which are grounded on definite varieties of the course.

In the intervals between the attacks the patients appear, at least to begin with, perfectly well. Perhaps after a depressive attack the particularly blooming appearance and enjoyment of life are conspicuous, as after a mania the dejection and the fretfulness, which the patient for a long time cannot overcome. When the disease has lasted for some time and the attacks have been frequently repeated, the psychic changes usually become more distinct during the intervals also. Even though striking morbid symptoms are no longer demonstrable, yet a certain constraint and lack of initiative, depressed, shy behaviour, slight lassitude, great need of sleep and decrease of working capacity are often unmistakable. "In her good times she is still like a person who has some trouble," was said of one patient. Other patients on the contrary display irritability, very much exalted self-consciousness, a quarrelsome disposition, unsteadiness, agitation. A patient spoke of the times when she "had a quite different character, displayed an exaggerated pride in clothes, and had worldly leanings."

The patients often do not acquire clear insight into the extent and the significance of their malady. They perhaps admit that they were excited or depressed, but lay the blame for the most part on chance circumstances, their surroundings,

their being brought to the institution. They do not like, therefore, to be reminded of the time when they were ill, evade all discussion about it, and go out of the way of the physician, if they chance to meet him later. A few patients, in whom along with lack of insight, there exists still a certain excitement, complain of the deprivation of freedom from which they suffered during the attack and which they suppose was illegal, or they compose descriptions of their experiences representing them in a half humorous, half enraged way, but always with very personal colouring.

During the intervals very slight, merely indicated attacks are extraordinarily frequent; the morbid nature of these can only be determined by more exact knowledge of the fully developed phenomena, sudden vivacity, unusual enterprise, the shaking off of daily cares, loquacity, merriment, irritability, or anxiety without foundation, introspective behaviour, inactivity and indifference continuing for weeks, which then is traced back to overwork, some vexation or something of the kind, but which disappears just as quickly again as it came. One of my patients in a hypomanic attack let himself be defrauded by a fashionable swindler; the moodiness, which then followed, was explained by the family apparently quite naturally as due to the disappointment undergone. In women fairly short attacks of excitement readily occur in connection with the menses.

The patients themselves feel the approach of a fresh attack sometimes days or even weeks beforehand, without being able to account for it clearly to themselves. One of my female patients frequently made an otherwise quite aimless visit to the institution some time before the outbreak of the attack; she then showed no trace of morbid symptoms. Others have still time before the excitement begins, to set their house in order and then to go voluntarily for treatment. A patient of that kind once jumped at midnight over the high wall into the institution after a run of several hours.

The transition from one kind of attack to the other takes place sometimes very suddenly and then invariably *during the night*. The depressed patient wakes at the given time contrary to his usual custom very early and is now manic. A patient, who till then had been deeply depressed and thought that he had caused an epidemic, appeared one morn-morning with a red carnation in his button-hole. Another, who was afraid of softening of the brain, appeared to himself "as transformed." A dispirited and dejected patient

declared abruptly that happiness had come over her. The excited patient feels himself one morning tired, done out, inhibited; he had been "too merry, too frivolous; now it overtakes him."

More frequently one sees the change of states being prepared for a long time beforehand. The expression of countenance and the bearing of the patient, up till then depressed, becomes gradually freer, his eye more animated; appetite and nourishment improve. "I take heart rather than despair," said a female patient. Another reported an attempt at suicide in the words, "The cord broke, thank God." And a patient, who had asserted that his lungs were wholly eaten away, declared, "They're growing again." The skin regains its former freshness, the bearing its elasticity. Gradually the patient becomes more accessible, shows more interest in his surroundings, begins to employ himself more continuously, feels himself easier and in better health, gives utterance to the longing for freedom and his own work, "for spring and the budding trees," looks forward to his discharge, and often for a considerable time makes the impression of a convalescent. A discharged patient wrote, when she was in this state, that she wished to come in as a nurse, "but only in the quiet wards."

A patient gave us the following information about his state:—

"The weariness also already abates somewhat, and walking is no longer so difficult for me, but a troublesome heaviness is still always in all my limbs and still drags my body like lead down on to the chair or to bed. Yet I think that the Almighty is again strengthening me by his power and is supporting me, and therefore I am now happier again, I praise and adore him, the All-bountiful, who helped me so wonderfully by your hand. The time of my life "of the soul" dawns for me like midday, and the darkness has become the bright morning for me; my soul lives, hopes, and rests again in the triune God, our Lord."

The morbid nature of the apparent improvement is often now already indicated. "I feel myself unnaturally well," a patient declared to me, who later ended in suicide; she felt herself younger by years, slept a very short time, and was yet always fresh; "It can't really go on like that." Isolated actions already perhaps have a manic touch, while in general the symptoms of inhibition still predominate. I treated a female patient, who, after severe depression in spite of complete sense, was scarcely capable of bringing forth a word, but, at the same time, was very well physically, often smiled, and, to the astonishment of everyone, suddenly administered a box

on the ear as quick as lightning. A lady, who was still troubled by tormenting ideas of persecution, unexpectedly seized hold of a peasant-woman in order to dance round the table with her. Another, as she despairingly went past a draper's shop, had a sudden fancy to buy herself a ball dress, and to the extreme surprise of her relatives appeared in it two days later at a ball, which she had already declined. More and more then the exalted mood gains the upper hand. "To-day is Good Friday, but in me it is already Easter," wrote a patient in her diary.

The dawning of more pleasant pictures is painted very characteristically in the following letter of a patient, from whom I have reproduced above a description by herself of her hypochondriacal sensations. When writing this letter to her mother the patient still suffered from severe depression in spite of considerable improvement; she died soon afterwards by suicide.

"How I long so terribly for you and for life, and yet I feel that I must die. And I love you and my brothers and sisters more than life—than rich, beautiful, pure life, which I should like so much to share with you, as I should—and instead of this I cause you such grief. O do not curse me, I am indeed ill and not worthy to be with you; forgive me what I have already said to you.—And to-day I am so comfortable, that I feel that I shall now fall asleep, and everything, everything, that is so wonderfully beautiful in life, appears now so rich and bright before me,—your love and the work—and the garden and the flowers and the forest. And of the linden court, just as it was, when your work and your vigorous hand and your beauty-loving eye decorated it, it appears to me now in such vivid dreams as never before. And do you still remember, how wonderfully beautiful the summer evenings on the verandah were; where the two tall, slender fir-trees stood in the clear evening sky, and the wild vine stretched as a transparent curtain from the washing-house over to the one fir-tree and from there to the other, and sometimes the wind moved it gently. And the clear, bright moon looked through between the fir-trees. And we sat round you on the verandah and near by the waterfall of the mill-wheel murmured. And when in the evening the rat took a walk on the wire from the granary to the water trough and we watched it and at first did not know what kind of night-reveller it was, that was so mysteriously interesting too, and when Fritz then with a sure aim shot it, that was then vigorous reality. And very specially beautiful it was when the roses and lilies bloomed and the glow worms shone, and then behind the garden the fragrant meadow and at the edge of it our little wood, where we played our games as children, in which Fritz was always the terrible robber-knight! And when the bees buzzed so in the chestnut-trees decorated with candles—that was too beautiful for sitting underneath and dreaming . . ."

The mixture of hopelessness with sentimental exuberance should be noticed, also the wordy revelling in poetic memory-pictures slightly suggestive of flight of ideas, the constant fresh connection with "and" a sign that ever fresh pictures were crowding in.

In a similar manner the opposite change takes place. The body weight, which had latterly increased in spite of the excitement, begins to fall slowly again. Now the great overbusyness gradually slackens; the big plans go into the background; the patient has "no longer any of that spirit," "would like to rest." "The capacity for thinking ceases; before now there was a hurrying of work," declared a patient. *Mood* becomes quieter, more serious, more gloomy. A young lawyer, who in excitement had composed a prize essay, had not the courage in the following depression to give it in. Fortunately the excitement returned in time, and he won the prize. Now and then there are isolated remarks about disappointed hopes, attempts that have failed, hard experiences; movements become slower, more relaxed, feebler; the expression becomes dull, exhausted, the appearance tired, and now all the remaining phenomena of the former depression reappear one after the other.

For the clearer elucidation of all these extremely remarkable psychic states I reproduce a fragment from the comprehensive description of himself by a tailor, whose father came to his end by suicide, while he himself experienced the first attacks of moodiness in his fourteenth year, which were repeated several times, but never lasted more than a few weeks. He then got the feeling that he suffered from a "congenital disease."

"My elder brother often said to me, 'You're sitting there as if in a dream.' He was right too, for my disease is so very like a troubled dream in the waking state. Already when I was a boy of fourteen, I found life unbearable in this state, and I had at that time already thoughts of suicide. I was so lively before and afterwards, then so sad, that my relatives were struck by it. I was always asked, 'What's the matter then?' 'In head and in heart,' I always said, for how I feel then cannot be described or told. I knew then even at the first appearance of this evil, that it was mental disorder, for I could retain nothing, was clumsy in everything, had no pleasure in anything, not even in money; finally I was laughed at because I did as if I were going to die immediately. Each time I feel as if I could not survive these attacks. I was envious of other people when they were merry. I always kept away from any amusement, and if I had to go now and then with my companions, I sat there as a dumb person, for I couldn't manage to speak, or only disconnectedly as a stutterer. In this state I have never yet quarrelled with any one. I was considered sensible and docile every time, for then I have neither will nor sense, I am a veritable automaton. As hot-tempered as I am otherwise, just as cold am I in the disease. Every time a change has taken place in me as if I were a quite different person from other times, and I am convinced that it is so. The past sweeps through my head; every mistake, which I have made in a normal state, oppresses me. When ill I could not tell a lie . . . At the beginning I was making coats, then as the disease gradually became more severe, I had to change to waistcoats . . . I was again a bungler, no longer a tailor . . . Then (at the age of twenty-four after many depressive attacks) I felt a peculiar condition come over me, but not depressed and

without thought, but the opposite. I was merry, overstrained; in spite of drinking a great deal of wine at any time, I was still not drunk, for in this excitement no drink whatever could do me any harm; in contrast to this I can stand little in my normal state. Whether I drank little or much, I remained the same, and when I drank far more than usual, I never had headache or sickness the next day. I did not care at all for money in this excited state, for I considered myself as count, actor, poet, and so on . . . After a few weeks my brother took me to the hospital, for I did stupid things, went into hotels without money, and so on. Work then is certainly child's play to me, but my head was veritably glowing with heat, if I sat for some hours. I was put in a cell for raving mania, a kind of pig-sty, and was there for three weeks; already I had lost my memory for a fortnight, then I was put in the hospital, where I remained about four weeks. I had smashed everything there, also torn to pieces . . . Shortly before my marriage this mysterious disease stole upon me again. I was described everywhere as a quiet, respectable man; of course I could not talk much. I had a sad wedding, and I believe that no other man has ever appeared before the altar in such moodiness. Formerly I gave instruction in cutting out, and when I was ill I could scarcely make the simplest suit. The bad memory which I have in the present dull state. I am very bad at remembering names. I may be told a simple name; next minute I have forgotten it. I often wish that I were a very stupid farm-servant, but only in my present state. It is indeed a singular wish, but anyway a peasant troubles little about where the grass or the grain comes from. When I am ill, these things always occur to me; I should like to get to the bottom of everything without wishing it. I just have no will; I cannot take anything in hand, nor can I carry out anything . . . In the excited state I am more than other people; I can talk nineteen to the dozen. Everything is easy to me; in short I am easy-going; then life too is easy to me; I don't think of to-morrow."

FIG. 40.—Hypomania.

The following verse characterizes, perhaps, still more distinctly the contrast of the states; it was composed by a patient in the transition period from severe depression to mania, just when the first indications of re-awaking enterprise stirred in him :—

"Krank ist der Sinn, wenn er im schwarzen Jammertal
Ringsum gehäufter Leichen seiner bangen Sorgen,
Ach! auch das liebend Herz den Seinen selbst verborgen,—
Ein leeres Geisteswrack der depressiven Qual.
Prunkstrahlend andrerseits, nicht fragend wo und wie,
Entfesselt irdschen Seins, erhebt er seine Schwingen,
Lustschwelgend, jubelnd in den Himmel einzudringen:
Ihm spendete ein Gott unsterbliches Genie!——
Nein, ach!—er steigt und fällt im Wahne der Manie!"

The orthodox course of the gradual transition from one state to the other is often extremely striking. The thoroughgoing contrast of the states usually extends to the smallest details of the conduct of life, clothing, hair-dressing, to all likes and dislikes, so that one might think there were two perfectly different people. This contrast appears very distinctly in a comparison of the illustrations, Fig. 17 (p. 80) and Fig. 40, also Fig. 18 (p. 81) and Fig. 41. The first two show the same patient once in stupor with profound clouding of consciousness, then a few weeks later in slight hypomania with a rather affected smile and wearing an enormous bunch of flowers. The other two pictures represent the same patient in mania and in a severe depressive stupor which followed closely, the one time with cheerful appearance ready for

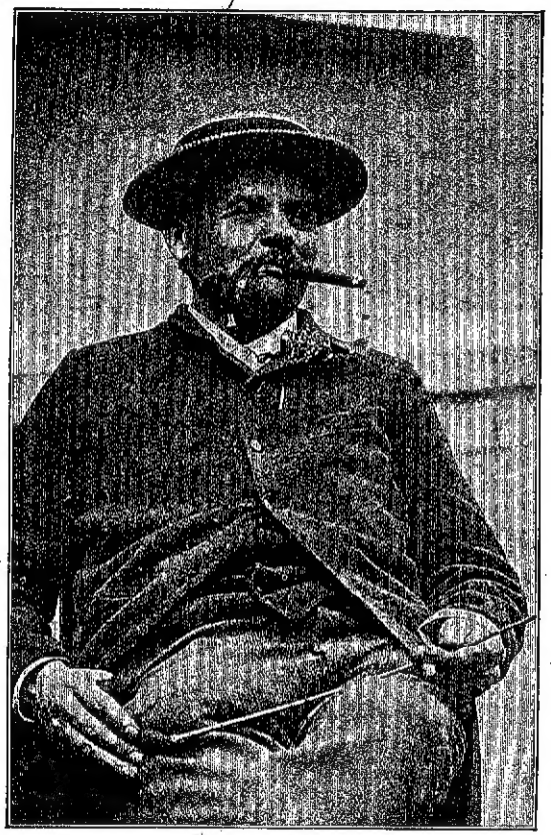


FIG. 41.—Mania.